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Consent for anxiolysis medications

The purpose of anxiolysis is to more comfortably receive my dental care. Anxiolysis is not required to provide my dental care. Anxiolysis is achieved by taking oral medications before the dental appointment and may also involve administering nitrous oxide (laughing gas) during my dental appointment, as well. Anxiolysis is a drug-induced state of reduced awareness, reduced ability to respond and reduced ability to make decisions. The effects of the anxiolysis medications should wear off before the end of the day of the dental appointment.

I have had the opportunity to ask questions about my dental treatment, about the anxiolysis medications, and about the effects of the anxiolysis medications. I can also ask questions about anxiolysis and my dental treatment later, but not after taking these medications.

I have given Dr. Sebastian a complete medical history and told him of all medications and over the counter medications, herbs, and other over the counter supplements I take. I have told Dr. Sebastian about all drug, latex and other allergies or sensitivities.

I am not pregnant. I am not breastfeeding.

I will not drive, operate machinery, or make any important or legal decisions for 24 hours after my dental appointment is finished, regardless of how "good" I feel.

I will follow Dr. Sebastian's instructions.

I will not give the anxiolysis medications to anyone else. If I do not take them as directed, I will return the medications to Dr. Sebastian's office.

I understand that there are risks or limitations to taking any medications.

I understand that the anxiolysis medications may not work as intended.

If I take the anxiolysis medications, I will have a responsible individual bring me to my dental appointment, take me home, and stay with me for the rest of the day.

I give Dr. Sebastian and his staff permission to discuss my dental procedures, post-op instructions and any pertinent information for caring for me to my ride/chaperone/care giver, including in person, by telephone, email, etc., as I may not remember what Dr. Sebastian and/or his staff told me after I take the medications or be in a good state of mind to care for myself for the rest of the day.

If, during the procedure, a change in treatment is required, I authorize the doctor and his staff to make whatever change they deem in their professional judgment is necessary. I also have the right to designate another individual who will make such a decision for me if they are present here in the office at the time or easily reached by telephone. If they cannot be reached, then the doctor and his staff can make the decision.

I have been given the 4-page instruction sheet and agree to read it thoroughly before I take any anxiolysis medications. If I have any questions about it, I will ask Dr. Sebastian before I take any of the medications.

I will read the instruction sheet completely and thoroughly, as it tells how to take the medications, precautions and contra-indications regarding taking these anxiolysis medications, and medicines and herbals that these anxiolysis medications that should not be taken with. I will tell Dr. Sebastian if I note any medicines on the instruction sheet that interfere with me taking the anxiolysis medications before I take them.

I give consent to anxiolysis in conjunction with my dental care.

Print patient name: _____

Signature of patient/guardian: _____

Date: _____