

ANXIOLYSIS
INFORMED CONSENT FORM

The purpose of this document is to provide an opportunity for patients to understand and give permission for anxiolysis when provided along with dental treatment. Each item should be checked off after the patient has the opportunity for discussion and questions.

- _____ 1. I understand that the purpose of anxiolysis is to more comfortably receive necessary care. Anxiolysis is not required to provide the necessary dental care. I understand that anxiolysis has limitations and risks and absolute success cannot be guaranteed. (See #4)
- _____ 2. I understand that anxiolysis is a drug-induced state of reduced awareness and decreased ability to respond. The purpose of anxiolysis is to reduce fear and anxiety. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the anxiolysis medication wear off.
- _____ 3. I understand that anxiolysis will be achieved by the following route:
- Oral Administration: I will take _____ the evening prior. Then I will bring _____ to my appointment along with all other medications prescribed for this procedure.
- _____ 4. I understand that the **alternatives to anxiolysis** are:
- _____ a. No anxiolysis or sedation: The necessary procedure is performed under local anesthetic with the patient fully aware.
- _____ b. Nitrous oxide sedation: Commonly called laughing gas, nitrous oxide provides relaxation but the patient is still generally aware of surrounding activities. Its effects can be reversed in five minutes with oxygen.
- _____ c. Oral conscious (or minimal) sedation: Sedation via pill form that will put the patient in a minimally depressed level of consciousness.
- _____ d. Intravenous (I.V.) conscious (or Moderate) sedation: The doctor will inject the sedative in a tube connected to a vein in my arm will put me in a minimally to moderately depressed level of consciousness..
- _____ e. General anesthesia: Also called deep sedation, a patient under general anesthetic has no awareness and must have their breathing temporarily supported. General anesthesia is more appropriate for longer procedures lasting 3 or more hours.
- _____ 5. I understand that there are risks or limitations to all procedures. For anxiolysis these include:
- _____ a. Inadequate initial dosage may require the patient to undergo the procedure with minimal anxiolysis or delay the procedure for another time.
- _____ b. Atypical reaction to drugs that may require emergency medical attention and/or hospitalization such as altered mental states, physical reactions, allergic reactions, and other sicknesses.
- _____ c. Inability to discuss treatment options with the doctor should circumstance require a change in treatment plan.
- _____ 6. If, during the procedure, a change in treatment is required, I authorize the doctor and the operative team to make whatever change they deem in their professional judgment is necessary. I understand that I have the right to designate the individual who will make such a decision.
- _____ 7. I have had the opportunity to discuss anxiolysis and have my questions answered by qualified personnel including the doctor, if I so desire. I also understand that I must follow all the recommended treatments and instructions of my doctor.
- _____ 8. I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, have kidney and liver disease or if I am presently on psychiatric mood altering drugs or other medications.
- _____ 9. I will not be able to drive or operate machinery or drink alcohol while taking anxiolysis medication for 24 hours after my procedure. I understand I will need to have arrangements for someone to drive me to, if I take the pill beforehand, and from my dental appointment and also stay with me for a minimum of 8 hours after I return home.
- _____ 10. I hereby consent to anxiolysis in conjunction with my dental care.

Patient / Guardian

Date

Witness