

Emergency Tooth Doctor – Anxiolysis Informed Consent Form

1. I understand that Minimal Oral Sedation (MOS) / anxiolysis (defined as the diminution of anxiety) will be achieved by the administration of oral medications and possibly nitrous oxide/oxygen.

I have been instructed to take a pill approximately _____ minutes before my appointment. The anxiolysis appointment will last approximately _____ to _____ hours.

2. I understand that the purpose of MOS/anxiolysis is to more comfortably receive dental care. Anxiolysis is not required to provide the necessary dental care. I understand that MOS/anxiolysis has limitations and risks and success cannot be guaranteed.

3. I understand that MOS/anxiolysis is a drug-induced state of consciousness to reduce fear and anxiety. I will be able to respond during the procedure. My ability to act and function normally returns when the effects of the sedative wear off.

4. I understand and have been informed that the alternatives to anxiolysis are:

- a. No sedation: The necessary procedure is performed under local anesthetic only.
- b. Nitrous oxide/oxygen inhalation sedation only: Commonly called laughing gas.
- c. Moderate Oral Sedation/Oral Conscious Sedation: Sedation using orally administered sedative medications to achieve a minimally depressed level of consciousness.
- d. Intravenous (I.V.) Sedation
- e. General Anesthesia

5. I understand that there are risks and limitations to all procedures. For MOS/anxiolysis these may include:

- a. Inadequate initial dosage. This may result in a sub-optimal level of MOS/anxiolysis.
- b. Atypical reaction to the sedative medication. In unusual circumstances this may require emergency medical attention and/or hospitalization. Other atypical reactions may include: altered mental states (e.g. oversedation or hyper responding to the sedative medication), allergic reactions, and nausea and/or vomiting.

6. I understand that if, during the MOS/anxiolysis procedure, a change in treatment plan is required, I authorize the dentist 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 MOS/anxiolysis and have my questions answered by qualified personnel including the dentist. I also understand that I must follow all the recommended treatments and instructions of my dentist.

8. I understand that I must notify the dentist if I am pregnant, or if I am lactating. I must notify the dentist if I have sensitivity, intolerance, or allergy to any medication. I have informed the dentist of my past and present medical history, if I have recently consumed alcohol or other recreational drugs, and if I am presently on any prescription or non-prescription medications.

9. I understand that after taking oral sedatives I am not permitted to drive or operate hazardous machinery for 24 hours after my procedure. I understand and acknowledge that I will have a responsible adult drive me to and from my dental appointment on the day of the anxiolysis procedure.

10. By signing below I hereby consent to MOS/anxiolysis in conjunction with my dental treatment.

Patient / Guardian
(Signature) _____ (Print) _____

Date _____ Witness _____