



Sedation Consent Form

PATIENT INFORMATION

First Name		Last Name		Birth Date	
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Please read carefully and initial where indicated.

PRE-SEDATION INSTRUCTIONS FOR DENTAL TREATMENT

It is important for your child's safety that you follow these instructions carefully!
Failure to follow these instructions could result in LIFE THREATENING complications!

EATING & DRINKING:

To avoid complications during treatment, NO FOOD OR DRINKS should be consumed AFTER MIDNIGHT the day of treatment. AN EMPTY STOMACH IS MANDATORY!

_____ Parent/Guardian Initials

MEDICATION:

DO NOT give your child any medication the night before or the morning of the procedure, unless advised by our doctors.

CHANGE IN HEALTH:

Any change in your child's health, especially vomiting, congestion, or fever within 2 days prior to the day of treatment, is reason for concern! Please inform our office of any change in your child's health as soon as possible. For your child's safety, the scheduled appointment may need to be moved to another day.

WHAT TO EXPECT AT YOUR CHILD'S APPOINTMENT:

When your child arrives for his/her appointment, an assistant will escort your child to the doctor so that he may give your child his/her medicine. In most cases, the assistant will then bring your child back to the waiting room to sit with you. Be sure to keep a close eye on your child as he/she may become dizzy. If your child should have a reaction to the medication (i.e., asthma attack, allergic reaction, etc.) our staff is trained and equipped to handle these RARE occurrences. If your child is not sleepy or is still apprehensive, we will discuss alternate methods of treatment. The medication will last 4-6 hours and it is normal for your child to become sleepy before and during treatment and remain sleepy throughout the remainder of the day.

Your child will also be given Nitrous Oxide, also known as "laughing gas", during their treatment. It is extremely safe and will help distract your child so that the needed work can be completed. Once the dental work is completed, the gas will be turned off and the nitrous will be completely out of your child's system in 4-6 minutes.

Your child CAN NOT return to school the day of the procedure and should not participate in sports or activities.

HOLD & GO:

Some dental procedures that are started must be finished before leaving the office. Our doctors want to provide the safest possible form of treatment for each child, and in some instances, this may include what we call the HOLD & GO method. The staff is trained to safely and gently hold your child's hands, arms, and legs so that the doctor can quickly and efficiently complete the necessary dental work. Work can be completed using the HOLD & GO method, but there are no guarantees on the quality of the work and parents must remain in the waiting room. **Our staff will always hold your child's hands to help comfort them or make them feel safe during treatment.**

_____ Parent/Guardian Initials

The goal of the doctors at Dickson Pediatric Dentistry is to provide quality care as *safely* and *efficiently* as possible. For this reason, we ask that the **parents/guardians remain in the waiting room for all restorative appointments**. We are child friendly and do not use words such as extraction, shot, etc. and we also ask that you do the same.

As with any sedative medication, your child may experience an opposite effect and become excited and/or irritable. Because each child's metabolism is different and there is no 100% guarantee with any sedative medication, there is the possibility that your child's sedation will need to be aborted before treatment has started or prior to treatment being completed. At this point we will discuss with you the option of taking your child to a hospital where we can complete his/her work while he/she is completely asleep. If this situation occurs, there will be a \$300 charge to cover the time of the appointment and the costs of the medications given.

Scheduling these appointments is time consuming and the courtesy of a **2-day notice** to cancel or reschedule a sedation visit is required. If you cancel your appointment without a 2-day notice, **NO MATTER** the circumstance, it will count as a **missed appointment**, unless you can provide a doctor's excuse due to illness. **After 2 missed appointments OR excessive tardiness, your child may be dismissed or have his/her appointment rescheduled out 4-6 weeks.**

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**A missed appointment will require you to pay any co-insurance or co-pays prior to re-scheduling.
We require all restorative appointments to be CONFIRMED.
Any UNCONFIRMED appointments cannot be guaranteed and your child may be rescheduled.**

***All my questions were answered and I understand all the above information* _____ Parent/Guardian Initials**

PAYING FOR TREATMENT

We make every effort to give you an accurate estimate; however, if a good exam was not possible or the work is determined to be more extensive after a closer look, a filling may become a crown or extraction/spacer and the charges may **increase**. Parents/Guardians will be responsible for any balance that insurance does not reimburse. We use **only** resin (tooth colored) fillings and insurance often adjusts benefits to cover these fillings at amalgam (silver) filling rates. You will be billed for any difference. If a procedure is NOT a covered benefit by your insurance you will NOT receive the network adjustments for that procedure. At your request we can always contact your insurance company and request a pre-treatment estimate. It may be wise to wait to schedule the work until we have received this estimate. We will always discuss your estimate, including any portion payable by you before treatment.

****Any amount insurance will NOT pay is due the day of service** _____ Parent/Guardian Initials**

As the parent/guardian of this child, you have the option of doing nothing. It is our responsibility to inform you that your child is in need of some type of dental treatment and if you do nothing the result may include the following: **Decaying Teeth, Pain, Gum and/or Facial Swelling, Abscessed Teeth, Emergency visits to Vanderbilt, Hospitalization.**

Sometimes waiting can lead to more expensive treatment. If the treatment plan presented to you cannot be completed due to the cost or financial problems, please contact us so that our doctors can prepare a prioritized treatment plan for your child to reduce the cost for you the parent/guardian.

The following medications are available to our doctors for your child's sedation:

Demerol (meperidine)	Chloral Hydrate	Vistaril (hydroxyzine)
Valium	Versed (midazolam)	

RELEASE FOR TREATMENT

Since your child is a minor, it is necessary that permission be obtained from the parent or legal guardian before any and all necessary dental sedation services can be performed. I, being the parent or legal guardian of the patient, do authorize and request that treatment deemed necessary by the doctors of Dickson Pediatric Dentistry be completed during the sedation visit, although they may not have been foreseen or discussed before treatment. I agree to be financially responsible for any bill incurred on this patient related to these services: including any attorney fees or court costs if it becomes necessary to place my account in collection.

I authorize the use of anesthetics, sedatives and other meds as needed. I am fully aware that using anesthetic agents involves certain risks including, but not limited to, redness/swelling of tissues, pain, itching, vomiting, dizziness, miscarriage, cardiac arrest, drowsiness, and a chance of a cross reaction with any medication, vitamin, or supplement.

We advise that you bring another adult with you to the appointment to help care for your child on the ride home.

FORM COMPLETION

I have read this form and agree to the terms and conditions herein.

Signature of Parent or Legal Guardian		Date	
Printed Name		Relationship to Patient	