



# Oklahoma Family Dentistry

Comfortable, Quality and Affordable

## Request For Anesthesia and Sedation

### Post Operative Information:

- Minor oozing of blood from the surgery sites, if you are having teeth removed, which may require you to use gauze pressure for the first 24 to 36 hours. \_\_\_\_\_
- Postoperative discomfort and swelling which may require several days of home recuperation.
- Chapping of the lips caused by stretching the corners of the mouth during surgery. \_\_\_\_\_
- Stiffness of the jaws and restricted mouth opening from several days to several weeks depending on the extent of the treatment. \_\_\_\_\_
- Rare occurrences can include any event that might be remotely possible but unlikely to occur. People rarely plan their lives around these, but are still aware that they can occur. These include: allergic reaction to drugs, which range from hives to heart failure. Many drug reactions are side effects and treated as such. The office staff has had training in managing these potential problems. \_\_\_\_\_
- Medication, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs. Do not operate any vehicle, automobile or hazardous device while taking such medication and/or drugs. Pain medication or the sedative agents can alter your judgment and work performance, and you should plan accordingly. \_\_\_\_\_

### Your signature below certifies the following:

- Females – there is no chance of pregnancy. \_\_\_\_\_
- Your request and consent for Dr. Barrett R. Hall, or any dentist working with him, to perform the following treatment, procedure or surgery as described in the treatment plan. \_\_\_\_\_
- Your understanding that, on rare occasions, individual patient's differences can result in relapse of a condition in spite of our efforts to provide optimum care. In this event, you understand that selective retreatment may be necessary. \_\_\_\_\_
- Your agreement to the administration of anesthesia, nitrous oxide/oxygen and/or oral sedation is discussed with Dr. Barrett R. Hall \_\_\_\_\_
- Your authorization for Dr. Barrett R. Hall to use his best judgment in managing unforeseen conditions which might unexpectedly arise during the course of the procedure. \_\_\_\_\_
- Your understanding that lack of cooperation with our recommendation during your care may result in less than optimum result. \_\_\_\_\_
- That you read and write English and understand the above information. You have the opportunity to review and discuss it, as well as, your health history including any serious problems or injuries. \_\_\_\_\_
- That all statements requiring insertion or completion were filled in and inapplicable paragraphs, if any, were stricken before you signed. \_\_\_\_\_
- That you are both mentally and physically competent to give this consent. \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient, Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor

\_\_\_\_\_  
Date