

INFORMED CONSENT FOR SEDATION/GENERAL ANESTHESIA AND ORAL SURGERY

The following is provided to inform patients of the choices and risks involved with having treatment under sedation/general anesthesia. This information is not presented to make patients apprehensive but to enable them to be better informed concerning their treatment. Sedation and general anesthesia are administered depending upon each individual's dental and medical requirements.

The side effect seen most frequently of any intravenous infusion is phlebitis. This side effect occurs in approximately 2-4 percent of patients. Phlebitis is a raised, tender, hardened, inflammatory response at the site of the injection, which can have onset from 24-48 hours up to two weeks after the procedure. The inflammation usually resolves with local application of warm moist heat.

I hereby authorize and request Dr. Victor UN/Dr. Ricky SEE to perform the sedation/general anesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned procedures and sedation/general anesthesia. I consent, authorize, and request the administration of such sedative agent(s) and local anesthetics by any route that is deemed suitable by Dr. Un/Dr. See.

I have been informed and understand that occasionally there are complications of the drugs and sedation/general anesthesia, including but not limited to pain, hematoma, infection, swelling, bleeding, discoloration, nausea, vomiting and allergic reaction.

I understand that sedation/general anesthesia, medication, and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing Dr. Un/Dr. See of a suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of the sedation/general anesthesia. For the same reasons I understand that I must inform Dr. Un/Dr. See if I am a nursing mother.

Because medication, drugs, sedation/general anesthesia, and prescriptions may cause drowsiness and incoordination which can be increased by the use of alcohol or other drugs, I have been advised not to operate any vehicle or hazardous device for at least twenty-four (24) hours or longer until fully recovered from the effects of the sedation, medications, and drugs that may have been given to me for my care. I have been advised not to make any major or important decisions until after full recovery from the sedation/general anesthesia. I understand that those with a history of chemical or alcohol dependency have a risk of relapse after sedation/general anesthesia and should take appropriate precautions.

I have been fully advised of and accept the possible risks and dangers of sedation/general anesthesia and oral surgery. I acknowledge the receipt of, understand and agree to follow, both preoperative and post-operative sedation instructions. It has been explained to me and I understand that there is no warranty or guarantee as to any result and/or cure. I have had the opportunity to ask questions and I am satisfied with the information provided to me. I have received a copy of the consent and agree to follow the instruction on the opposite page. I, _____, hereby agree to have the surgical procedure(s) _____ performed by Dr. Ricky See/Dr. Ivan Li/Dr. Simon Yeh under local anesthesia and I.V. sedation/general anesthesia.

Patient's/Parent's Signature: _____ Date: _____

Witness: _____