

Febres Dentistry for Children
2000 S Dairy Ashford, Suite 530
Houston, TX 77077
281-597-04-04

Sedation Consent

Conscious sedation is used to reduce or eliminate anxiety in the dental patient so that safe, comfortable, quality dental treatment can be rendered. Your child will be mildly sedated, but will retain the ability to breathe naturally and respond to questions or verbal commands. During the dental procedure, your child's vital signs will be monitored continuously. The medication is prescribed in the smallest, safest, and most effective dose that will be administered orally one hour prior to the dental visit.

This disclosure is not meant to alarm you, it is simply an effort to make you better informed so that you may give or withhold your consent to the dental procedure.

Consent for the use of Oral Sedation for Pediatric Dental Treatment

I, _____, as the legally responsible parent/guardian of _____, give my consent to the use of local anesthetics and sedative drugs as deemed appropriate by Dr. Febres to perform dental treatment as indicated as my child's examination chart and as previously explained to me.

I have been informed and understand that occasionally there are complications resulting from the sedative, including but not limited to: nausea, vomiting, allergic reactions, fluctuations in breathing pattern, heart rhythm and/or blood pressure, brain damage and death.

Dr. Febres or a member of her staff has discussed with me, to my satisfaction, these complications and related risks. I understand and have been given a copy of the pre operative instructions. The treatment and sedation procedures have been explained to me, to my satisfaction, along with possible alternative methods and their advantage and disadvantages.

I have read this consent and understand, to my satisfaction, the procedure to be performed and the risk involved.

Legally responsible parent/guardian: _____

Date: _____

Witness: _____