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PLEASE READ, REVIEW AND BRING WITH YOU

CONSENT FOR INTRAVENOUS CONSCIOUS SEDATION

Fear of dentistry goes back many years to the days when anesthesia and conscious sedation were unknown or seldom used and the procedures involved in treating teeth were painful. Today, we have excellent anesthetics and sedatives that can successfully eliminate practically all discomfort involved in dentistry.

1. Medication is given by vein in addition to local anesthetic to make you pleasantly relaxed and more comfortable. It is NOT general anesthesia and you will not be completely asleep.
2. You will be able to leave the office with a friend soon after the treatment but you cannot drive for 24 hours.
3. It is VERY important to report any medical problems, allergy and especially any drugs currently being taken. Please remember to stay hydrated 24 hours prior to procedure.
4. Except for taking prescribed medications, food and liquids should be avoided for 6 hours before you appointment. If you are a diabetic, you should eat normally before the intravenous sedation procedure. If you routinely drink coffee in the morning, then having a small cup is acceptable to avoid caffeine withdrawal headache. If your procedure is scheduled for the afternoon, you should go ahead and eat breakfast even if less than 6 hours until procedure.
5. Side effects are rare with this procedure but may include soreness and/or infection at the vein site, bleeding (hematoma) at the vein site, drowsiness of several hours duration, nausea and vomiting. Avoid physical exertion to avoid possible hematoma at vein site.
6. While this is an extremely safe procedure, for extra safety your oxygen saturation will be monitored every 15 seconds and your blood pressure and pulse will be taken automatically every 4-12 minutes. For this reason please remove any dark nail polish prior to procedure.
7. On the way home, your seat should be in the reclined position. When at home, lie down with your head slightly elevated. Someone should stay with you for the next several hours because of possible disorientation and possible injury from falling. If you have any questions please call the office at 954-427-5700.

Please sign in the space provided confirming that you have read this entire page and understand the benefits and possible side effects of conscious sedation and consent to this procedure. Should you have any additional questions, we will be happy to answer them before you sign this consent form.

Sign(patient):_____ Reviewer:_____ Date:_____