



Canandaigua Oral Surgery, PC

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Consent for Intravenous (IV) Sedation or General Anesthesia

Patient Name: _____ **Date:** _____

I understand that the administration of drugs to produce a state of Conscious Sedation, Deep Sedation and /or General Anesthesia is generally an option in dental anesthesia, and that the majority of all oral surgery office procedures can be accomplished using local anesthesia ("Novocain") alone. I have been advised and understand that I am not to have anything to eat or drink for six hours prior to such an anesthetic. I understand that a responsible adult is to be present to accompany me home from the office and that he or she needs to be present for at least 8 hours thereafter to monitor my general recovery. I understand that I am not to operate a motor vehicle or other equipment or machinery for 24 hours, and that I will have to curtail activity in accordance with my recovery. Patient initials: _____

I acknowledge that I have provided the office with a complete and accurate accounting of my past and present medical history. I understand that the medications chosen and the anesthetic technique is at the discretion of Dr. Cary, who will be administering the anesthetic as well as providing surgical services. Patient initials: _____

I acknowledge that I have been given opportunity to ask questions regarding this anesthetic, its attendant risks, and expected post-operative course. Patient initials: _____

I understand that although generally a very safe procedure, serious complications as well as patient death have been reported and are known risks associated with the use of intravenous anesthetic agents.

Signature: _____
(parent or guardian if patient a minor or cannot provide legal consent)

Signature: _____
(Doctor)