SCOTTSDALE
DENTAL ANESTHESIA

Informed Consent for Anesthesia

The following is provided to inform patients, and/or parents of minor children of the choices and risks involved with having dental treatment under anesthesia in a dental office setting. This information is not presented to make patients, parents, or legal guardians more apprehensive, but to enable them to be better informed concerning their treatment with respect to the risks, benefits, and alternatives to the proposed anesthetic plan. There are basically four choices for anesthesia: local anesthesia, conscious sedation, general anesthesia, and/or no anesthesia. These can be safely administered in an office, surgery center, or hospital setting.

Common Side Effects

I understand that the most frequent side effects of any anesthesia are sore throat, nose bleeds, confusion, drowsiness, nausea/vomiting, and phlebitis. Most patients remain drowsy or sleepy following their surgery for the remainder of the day. As a result, coordination and judgment will be impaired for as long as 24 hours. It is recommended that adults refrain from activities such as driving and major decision making, and children remain in the presence of a responsible adult during this period. Nausea and vomiting following anesthesia will occur in approximately 10-15% of patients. Phlebitis is a raised, tender, hardened, inflammatory response at the intravenous site. The inflammation usually resolves with local application of warm moist heat; however tenderness and a hard lump may be present up to a year. Sore throat and nose bleeds may result from the use of endotracheal tubes during the procedure.

Since medications, drugs, anesthetics, and prescriptions may cause drowsiness, impaired judgement, confusion, lack of physical coordination and sedation, I have been advised not to use alcohol or other drugs (including street drugs such as marijuana and all other mind altering substances) for 24 hours following the administration of anesthesia. Also, I have been advised not to make any major life decisions (signing of legal documents), exercising, playing sports or operate any vehicle and/or hazardous device for at least 24 hours until fully recovered from the effects of the anesthetic, medications, and drugs that have been given to me or my child. I have been advised of the necessity of direct “one-on-one” parental supervision of my child for twenty-four hours following their anesthesia.

Serious Complications & Risks of Anesthesia

I have been informed and understand that on rare occasions, anesthesia related complications include, but are not limited to: pain, hematoma, numbness or nerve injury, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, and pneumonia. I further acknowledge, understand, and accept the extremely remote possibility that complications may require hospitalization, and/or result in brain damage, kidney damage, liver damage, heart attack, or death. I have been made aware that the risks associated with local anesthesia, conscious sedation, and general anesthesia vary. Of the three choices of anesthesia, local anesthesia is usually considered to have the least risk, and general anesthesia the greatest risk.

Medications & Substance Use

Drugs (including marijuana and all other mind-altering substances), prescription medications, pain medications, alcohol, may interact with anesthetics administered (potentially fatal), and any use or history of use must be disclosed to the dental anesthesiologist prior to the administration of the anesthesia. It is prohibited to use these substances for at least 24 hours after the conclusion of the anesthesia. Any use of pain medications during the 24-hour post-anesthesia period must be consulted with the dental anesthesiologist

Food & Drink Restrictions

I understand that I have been advised to refrain from eating or drinking for a period of time to be determined by the dental anesthesiologist (usually 8 hours prior to the administration of anesthesia). Pediatric patients must be monitored by an adult during this time to ensure they are compliant and not left unattended to eat or drink. The risk of not following these instructions can include stomach contents entering the lungs resulting in pneumonia, hypoxia, brain damage and death.

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Pregnancy and Nursing

I understand that anesthetics, medications, 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 the dental anesthesiologist of the possibility of being pregnant or a confirmed pregnancy, with the understanding that this will necessitate the postponement of the anesthesia. For the same reason, I understand that I must inform the dental anesthesiologist if I am a nursing mother.

Alternatives

There is no obligation to have the proposed treatment being done under anesthesia. You have the right to accept, refuse or request further information about the proposed anesthetic plan. It is the understanding of the undersigned that refusing treatment or anesthesia may have adverse oral and/or systemic health consequences.

Cancellation policy
When an appointment is confirmed with Scottsdale Dental Anesthesia and is subsequently cancelled within 72hrs of the date of the appointment, because of a non-emergent, non-medical reason and/or without corresponding medical documentation, the patient or dental office will be charged a cancellation fee of 1hr, or $750.

Authorization to Provide Anesthesia

I hereby authorize and request the attending dental anesthesiologist (contracted with Scottsdale Dental Anesthesia) to perform the anesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize and request the administration of such anesthetic or anesthetics (local to general) by any route that is deemed suitable by the dental anesthesiologist, who is an independent contractor and consultant. It is the understanding of the undersigned that the dental anesthesiologist will have full charge of the administration and maintenance of the anesthesia and this is an independent function from the surgery/dentistry performed while under anesthesia and that the dentist assumes no liability for the anesthesia, .

It is the understanding of the undersigned that the dental anesthesiologist may exercise his or her right to refuse to provide anesthesia for any risks or perceived risks to the patient which in his or her sole discretion may outweigh the benefits of the anesthesia, including but not limited to less-than-optimal medical status or health conditions, violation or suspected violation of food and drink restriction requirements, or anatomical disadvantages to ideal anesthetic management.

I have been fully advised and completely understand the alternatives to conscious sedation and general anesthesia. I accept the possible risks, side effects, complications and consequences of anesthesia. I acknowledge the receipt of and understand both the preoperative and post-operative anesthesia instructions. It has been explained to me and I understand that there is no warranty and no guarantee as to any result and/or cure. I have had the opportunity to ask questions about my or my child's anesthesia, and I am satisfied with the information provided to me. It is also understood that the anesthesia services are completely independent from the operating dentist's procedure.

I have read and understand the consent for anesthesia. I have had the opportunity to have all my questions answered regarding the risks, benefits, and alternatives of anesthesia.

Please note, the anesthesiologist does not participate as an in-network provider with insurance plans. Upon request, an invoice will be provided to you which can be used to submit to your medical/dental insurance company to seek reimbursement.

Patient/Parent/PoA Name:_____ Date:_____

Patient/Parent/PoA Signature:_____ Date:_____

Questions?
Call: 602.320.5102
Email: ScottsdaleDentalAnesthesia@gmail.com