



Consent to sedation and analgesia for medical/dental procedures

I have been fully informed and I declare the following:

1. I understand the nature of procedural sedation and analgesia, the purpose of the procedure and the risks involved. I understand that no guarantee can be given with regard to the results obtained.
2. I understand that it is not a general anaesthetic and that I/the patient will not be unconscious, as I/the patient may have to respond to commands from the surgeon and/or the sedationist.
3. Unforeseen adverse events may arise during/after sedation that may require additional or different medications or treatment. I authorise the sedationist to treat such adverse events according to his/her professional judgement: Possible adverse events:
 - Unintended loss of consciousness
 - Drowsiness/dizziness
 - Shivering (4%)
 - Headaches (4%)
 - Post sedation nausea and vomiting (0.7%)
4. I give consent to the administration of such sedative and/or analgesic drugs as may be considered necessary or advisable by the practitioner responsible for this service.
5. I have had the opportunity to ask questions and I have been given the opportunity to choose alternative methods of treatment to my satisfaction.
6. I confirm that I have received written/oral instructions regarding the sedation, which I understand. I will abide by the pre- and postoperative instructions. I have completed a medical history questionnaire and have declared all drugs that I have taken during the last 6 months.

Terms and conditions of payment:

7. I accept full and complete responsibility for actual and potential costs associated with procedural sedation and analgesia, and I accept full responsibility for the costs that have been explained to me.
8. I understand that this account is independent from accounts of the surgeon, dentist or hospital.
9. I understand that if the account is not settled, I will be liable for all costs involved in any legal proceedings regarding the recovery of debt.

I, (patient/guardian), hereby acknowledge that I read, understood and agree with all points mentioned (point 1 to 9). I agree to these conditions and authorise the practitioner to go ahead with the procedural sedation analgesia (PSA).

Patient/Guardian signature: **Witnesses:**

Date:/...../.....

Practitioner's declaration: I have explained the procedure of procedural sedation and analgesia, risks, alternatives and expectations to the patient and believe that he/she has been adequately informed and have consented.

.....
Practitioner's signature

.....
Date