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Consent for Sedation and Dental Treatment

The surgical procedure that is to be performed has been explained to me and I understand the nature of my condition and of the proposed treatment. I also understand what health risks exist if the procedure is not done. This is my consent to the surgery. I also understand that with this procedure there could be follow up appointments. My consent is valid for all appointments within one year of today's date.

I also agree to the administration of sedation, anesthesia, or other therapeutic measures as previously discussed that may be necessary for my comfort, safety, and well being. I understand that the course of my treatment could require multiple anesthetic treatments.

It has been explained that with IV administrations, there is occasional inflammation and discomfort with a vein. There is the possibility of injury to or stiffness of the neck and facial muscles and also changes in the occlusion or temporomandibular joint. In some cases, there is injury to adjacent teeth, referred pain to the ear, neck, and head, nausea, allergic reactions, bone fractures, delayed healing and permanent numbness of the nerves in the facial area. Sinus complications which may occur from the removal of upper teeth include a root tip or tooth in the sinus or development of a lingering opening into the sinus from the mouth which could require sinus treatments following oral surgery.

Medications given during or after surgery may cause drowsiness and lack of awareness and coordination which could be increased by the use of alcohol or other drugs. I have been advised not to operate any vehicle or hazardous devices while taking such medications for at least 24 hours or until recovered from their effects.

I realize that some of these potential complications can be avoided or reduced by carefully following the doctor's instructions. I have had an opportunity to ask questions about the procedure and aspects related to it and have them answered to my satisfaction.

Patient's name

Date

Signature/Responsible Party

Valid until _____
(one year from today's date)

PLEASE RETURN THIS FORM SIGNED AS SOON AS POSSIBLE OR AT NEXT APPOINTMENT DATE.