



London & Kent Sedation

Your Trusted Sedation Partner

07956 205353 | lkседation@gmail.com | www.londonkentsedation.com

Patient Consent Form for IV Sedation

Patient Details

Name:

Date of birth:

Email address:

Contact number:

Dentist Details

Name:

Practice name and postcode:

Practice email:

Practice contact number:

Medical, Dental and Social Details

Planned dental procedure:

Any relevant medical history (*State 'nil' if none*):

Medication (*State 'nil' if none*)

Height (cm):

Weight (kg):

Units of alcohol consumed per week:

Do you take recreational drugs?

Yes

No

Do you have a strong gag reflex?

Yes

No

Escort Name:

Escort Contact number:

Anxiety Details

THE MODIFIED DENTAL ANXIETY SCALE

Can you tell us how anxious you get, if at all, at your dental visit? (Please check the appropriate box).

	1 Not anxious	2 Slightly anxious	3 Fairly anxious	4 Very anxious	5 Extremely anxious
If you went to your dentist for TREATMENT TOMORROW, how would you feel?					
If you were sitting in the WAITING ROOM (waiting for treatment), how would you feel?					
If you were about to have a TOOTH DRILLED, how would you feel?					
If you were about to have your TEETH SCALED AND POLISHED, how would you feel?					
If you were about to have a LOCAL ANAESTHETIC INJECTION IN YOUR GUM, about an upper back tooth, how would you feel?					
Total Score					

Consent Form

Please tick the boxes to confirm:

Understanding of Conscious Sedation

I have read and understood the document “*What is IV (intravenous) Sedation?*” and I understand that:

- Conscious sedation is used to help me feel relaxed and reduce anxiety during dental treatment.
- I will remain responsive and able to follow instructions but may have little or no memory of the procedure.
- My vital signs (blood pressure, heart rate, and oxygen levels) will be monitored throughout.
- A trained sedationist will administer and oversee the sedation.

Benefits, Risks and Alternative Options of Sedation

I confirm that I understand the following which have been explained to me:

The benefits of sedation including:

- Reduced anxiety and discomfort
- Improved cooperation and calm

The potential risks, which may include:

- Drowsiness, dizziness, or light-headedness
- Memory loss related to the procedure
- Nausea or vomiting (rare)
- Allergic reactions or complications (very rare)

The alternatives including:

- Local anaesthetic with reassurance
- Inhalation sedation
- Hypnotherapy
- Cognitive Behavioural Therapy (CBT)
- General anaesthetic.

Pre- and Post-Sedation Instructions

I confirm that I will follow the pre- and post-sedation instructions including:

- I will eat a light meal before my appointment e.g. toast a sandwich.
- I will take all routine medication as usual unless advised otherwise.
- I will not consume alcohol or recreational drugs from the night before until 24 hours after sedation as this adversely affects the sedation quality and recovery.

- I will wear loose-fitting clothing and avoid nail polish or false nails.
- I will ensure that a responsible adult is available to accompany me home and stay with me until the day after sedation.
- I will arrange a separate carer for any dependents.
- I will rest for the remainder of the day.
 - I will not drive, operate machinery, engage in social media, shop online, or make important decisions or sign important documents for 24 hours after sedation.

Sedation Fees

I understand that the sedation fee is

- £400 for the first hour and
 - £150 per additional 30 minutes (or part thereof).
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- I agree to pay the sedation fee in advance of treatment as financial transactions should not be made while sedated.
 - I understand that if the treatment time is reduced, any refund will be issued within 5 working days.
 - I understand that if additional time is required, an invoice will be issued and payment is due within 5 working days.

Patient Consent Declaration

I confirm that:

- I have had the opportunity to ask questions.
- I understand the procedure, including risks, benefits, and alternatives.
- I have disclosed my full medical, dental, and social history.
- I consent to receive IV (intravenous) conscious sedation for my dental treatment.

Patient Signature:

Date:

Thank you for completing the form.



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