

Little Pearls Dentistry for Children
19465 Deerfield Ave Suite 302
Lansdowne, VA 20176
(703) 726-3030

Sedation Consent

Oral (conscious) sedation has been recommended for dental treatment of my child, _____. I have been informed of the alternatives, including no treatment (and the possible outcomes of no treatment), treatment without pharmacological methods, and general anesthesia. I understand that with conscious sedation my child will remain awake and aware of the procedures performed but will be in a drowsy state. I understand that there are inherent risks with sedation and that these risks have been explained to me.

By signing below, I authorize Little Pearls Dentistry for Children, and Michael Gazori, DDS to administer conscious sedation with Midazolam (Versed) .5 mg/kg and nitrous oxide (laughing gas) for my child. I also authorize the use of medical immobilization and mouth props deemed necessary by Dr. Gazori. I also verify that I have followed all the instructions given to me previously in preparation of this appointment and that my child has not had anything to eat or drink since midnight last night.

If at any time, it should become necessary to abort treatment, I will be advised by Dr. Gazori of the reasons and alternatives.

Child's name: _____

Parent's name: _____

Child's weight: _____ Medication and dosage: _____

Signature: _____ Date: _____ Time: _____