

# Dr. Gino Gizzarelli\*

BScPhm, DDS, MSc (Dental Anaesthesia)

**ANAESTHESIA for DENTISTRY**

**(416) 839-4777**

## **Informed Consent for Dental Treatment under Sedation/General Anaesthesia THIS FORM MUST BE SIGNED BEFORE THE PROCEDURE**

I understand that the following has been provided to me so that I may be informed of the choices and risks involved with having dental procedures performed under anaesthesia. It is my understanding that this information has been presented to enable me to make well-informed decisions concerning my treatment, **not to make me anxious**. My choices for anaesthesia are local anaesthesia alone, or in combination with conscious intravenous anaesthesia, or deep sedation/general anaesthesia.

I have been informed that aside from drowsiness, the most frequent side effects of any anaesthetic occur in less than 15% of patients and include but are not limited to nausea, vomiting, sore throat, general muscle soreness and inflammation with tenderness and/or bruising around the intravenous site. Since anaesthesia may cause drowsiness and incoordination that may be enhanced by use of alcohol or drugs, I have been advised to abstain from their use until completely recovered from the effects of anaesthesia and prescription medicines. I understand that I should not operate any vehicle, any hazardous device/machine, or make any important decisions for at least 24 hours or until completely recovered from the effects of anaesthesia. Parents are advised of the necessity for direct parental supervision of children for 24 hours following their anaesthesia.

I understand that on rare occasions there are anaesthesia related complications that include but are not limited to pain, hematoma, numbness, infection, swelling, bleeding, skin discolouration, allergic reaction, tooth damage, and fluctuations in heart rhythm and/or blood pressure. I further understand and accept the **extremely remote** possibility that complications may arise which may require hospitalization, and/or result in brain damage or death. I have been made aware that local anaesthesia carries with it the least amount of risk and deep sedation/general anaesthesia the most. However, local anaesthesia alone is not appropriate for every patient or procedure.

I understand that anaesthetics and other medicines may be harmful to an unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing Dr. Gizzarelli of a suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of the anaesthetic. For similar reasons, I understand that I must inform Dr. Gizzarelli if I am a nursing mother.

I hereby authorize and request Dr. Gizzarelli or his staff to contact persons on my behalf and obtain any previous or current medical records/information in order to properly assess my health status prior to anaesthesia.

I hereby authorize and request Dr. Gizzarelli to perform anaesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anaesthesia. I consent, authorize and request the administration of such anaesthetic(s) by any route that is deemed suitable by Dr. Gizzarelli. It is the understanding of the undersigned that Dr. Gizzarelli will have full charge of the administration and maintenance of the anaesthesia.

I have been fully advised and completely understand the alternatives to conscious sedation, deep sedation and general anaesthesia, and accept all possible risks and consequences. I acknowledge receipt of and completely understand both pre-operative and post-operative anaesthesia instructions. It has been explained to me and I accept that there is no warranty or guarantee as to any result and/or cure. I have had the opportunity to ask questions about my anaesthetic and I am satisfied with the information provided to me.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Witness \_\_\_\_\_ Print Name \_\_\_\_\_