

Children's Dentistry of Baytown  
Anabel Vega-Negron, D.M.D. PC  
4001 Garth Road, #104  
Baytown, TX 77521  
281-427-4736

CONSENT FOR THE USE OF MILD OR MODERATE ORAL  
SEDATION AND LOCAL ANESTHESIA FOR PEDIATRIC DENTAL  
TREATMENT

Conscious sedation is used to reduce or eliminate anxiety in dental patients so that safe, comfortable, quality dental treatment can be rendered. Your child will be mildly sedated, but will retain the ability to breathe naturally and respond to questions or verbal commands. Your child's personal sedation regimen will include an appropriate combination of one or more of the following: meperidine (Demerol®), promethazine (Phenergan®), diazepam (Valium®) and/or Nitrous Oxide (Laughing Gas). During the dental procedure, your child's vital signs will be monitored continuously. The medication is prescribed in the smallest, safest and most effective dose that will be administered orally one hour prior to the appointment time. The medication will be provided and administered by Dr. Vega at our office.

This disclosure is not meant to alarm you, it is simply an effort to make you better informed so that you may give or withhold your consent to the dental procedure.

I, \_\_\_\_\_, as the legally responsible parent/guardian of \_\_\_\_\_, give my consent to the use of local anesthetics and sedative drugs as deemed appropriate by Dr. Vega, in performing dental treatment for my child.

I have been informed and understand that possible complications may include nausea, vomiting, allergic reactions, fluctuations in breathing pattern, heart rhythm and/or blood pressure; and although extremely unlikely when sedation is performed properly, brain damage and death have been associated with oral conscious sedation.

I understand that it is my responsibility to provide uninterrupted supervision for my child until evening, following his/her treatment appointment with oral sedation.

The doctor has discussed with me, to my satisfaction, these complications and the related risks. I understand and have been given a copy of the pre-sedation instructions. The treatment and sedation procedures have been explained to me, to my satisfaction, along with possible alternative methods and their advantages and disadvantages.

I have read this consent and understand, to my satisfaction, the procedures to be performed and the risks involved.

\_\_\_\_\_  
Signature Parent/Legal Guardian

\_\_\_\_\_  
Print Name, Relationship to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature