

## INFORMED CONSENT FOR ORAL SEDATION

I hereby give consent to Dr. Kurt D VanWinkle, DDS, MSD or designee to administer oral sedation to me/my child (circle), (name) \_\_\_\_\_, for the purpose of performing the following procedure(s):

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I acknowledge that the physician or designee has explained to me that oral or intranasal sedation drugs will be given to reduce the fear, anxiety or pain associated with the procedure or to limit physical activity. The alternative(s) to the use of sedation drugs, as well as the advantage and disadvantages of each alternative have also been explained to my satisfaction.

In addition, I acknowledge that the known risks and benefits of receiving sedation drugs as well as the objectives of sedation and the anticipated changes in behavior during and following sedation have been fully explained to me.

I acknowledge that