

Dr. Gino Gizzarelli*

BScPhm, DDS, MSc (Dental Anaesthesia)

ANAESTHESIA for DENTISTRY

(416) 839-4777

Informed Consent for Dental Treatment under Sedation/General Anaesthesia (Child) **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 child's treatment, **not to make me anxious**. My choices for anaesthesia are local anaesthesia alone, or in combination with intravenous deep sedation or 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 the use of alcohol or drugs, it is understood that they are to be avoided until completely recovered from the effects of anaesthesia and prescription medicines. I understand that the operation of any vehicle or any hazardous device/machine, or making any important decisions is to be avoided for at least 24 hours or until completely recovered from the effects of anaesthesia. Parents are advised of the necessity for direct supervision of children for 24 hours following their anaesthesia.

I understand that on rare occasions there are anaesthesia related complications which 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 anesthetics 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 anaesthesia. For similar reasons, I understand that I must inform Dr. Gizzarelli if my child is 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 when needed to properly assess my child's 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 anaesthetic.

I have been fully advised and completely understand the alternatives of 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 child's anaesthetic and I am satisfied with the information provided to me.

Signed _____ Date _____
Print name _____

Witness _____ Print name _____