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**Anxiolysis Consent Form**

- \_\_\_\_\_ 1. I understand that the purpose of anxiolysis is to more comfortably receive necessary care. Anxiolysis is not required to provide the necessary dental care. I understand that anxiolysis has limitations and risks and absolute success cannot be guaranteed. (See #4 options.)
- \_\_\_\_\_ 2. I understand that anxiolysis is a drug-induced state of reduced awareness and decreased ability to respond. The purpose of anxiolysis is to reduce fear and anxiety. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the sedative wear off.
- \_\_\_\_\_ 3. I understand that anxiolysis will be achieved by the following route:
- \_\_\_\_\_ Oral Administration: I will take a pill approximately \_\_\_\_\_ minutes before my appointment. The sedation will last approximately \_\_\_\_\_ to \_\_\_\_\_ hours.
- \_\_\_\_\_ 4. I understand that the alternatives to anxiolysis are:
- \_\_\_\_\_ a. No sedation: The necessary procedure is performed under local anesthetic with the patient fully aware.
- \_\_\_\_\_ b. Nitrous oxide sedation: Commonly called laughing gas, nitrous oxide provides relaxation but the patient is still generally aware of surrounding activities. Its effects can be reversed in five minutes with oxygen.
- \_\_\_\_\_ c. Oral Conscious Sedation: Sedation via pill form that will put the patient in a minimally depressed level of consciousness.
- \_\_\_\_\_ d. Intravenous (I V) Administration: The doctor will inject the sedative in a tube connected to a vein in my arm.
- \_\_\_\_\_ e. General Anesthetic: Commonly called deep sedation, a patient under general anesthetic has no awareness and must have their breathing temporarily supported. General anesthesia is more appropriate for longer procedures lasting 3 or more hours.
- \_\_\_\_\_ 5. I understand that there are risks or limitations to all procedures. For anxiolysis these include:
- \_\_\_\_\_ Inadequate initial dosage may require the patient to undergo the procedure without anxiolysis or delay the procedure for another time.
- \_\_\_\_\_ Atypical reaction to drugs which may require emergency medical attention and/or hospitalization such as altered mental states, physical reactions, allergic reactions, and other sicknesses.
- \_\_\_\_\_ Inability to discuss treatment options with the doctor should circumstance require a change in treatment plan.
- \_\_\_\_\_ 6. If, during the procedure, a change in treatment is required, I authorize the doctor and the operative team to make whatever change they deem in their professional judgment is necessary. I understand that I have the right to designate the individual who will make such a decision.
- \_\_\_\_\_ 7. I have had the opportunity to discuss anxiolysis and have my questions answered by qualified personnel including the doctor, if I so desire. I also understand that I must follow all the recommended treatments and instructions of my doctor.
- \_\_\_\_\_ 8. I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, and if I am presently on psychiatric mood altering drugs or other medication.
- \_\_\_\_\_ 9. I will not be able to drive or operate machinery while taking oral sedatives for 24 hours after my procedure. I understand I will need to have arrangements for someone to drive me to, if I take the pill beforehand, and from my dental appointment while taking medication.
- \_\_\_\_\_ 10. I hereby consent to anxiolysis in conjunction with my dental care.

\_\_\_\_\_  
Patient / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness