

I.V. SEDATION CONSENT FORM

I hereby consent to the administration of an intravenous sedation for:

Patient: _____

Procedure: _____ Sedation Fee: _____

Signature of patient or guardian: _____

Witness: _____ Date: _____

Patient Address: _____

Home Phone: _____ Other: _____

Date of Birth: _____ Personal Health #: _____

Dentist: _____ Physician: _____

HEALTH RECORD

Height: _____ Weight: _____

Allergies: _____

Have you ever had any of the following (please circle):

- | | | | |
|-----------------|-------------------|-------------------------|----------|
| Rheumatic fever | Heart attack | Artificial heart valves | Angina |
| Asthma | Bronchitis | Emphysema | Epilepsy |
| Short of Breath | Diabetes | Bleeding disorders | Pregnant |
| Smoker | Artificial Joints | | |

Taking Medications: _____
