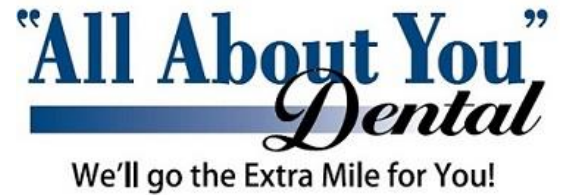


CONSENT FOR OUTPATIENT IV SEDATION



I, _____, acknowledge that Dr. Jonathan Pluid has explained to me that I will have a dental procedure performed under IV moderate sedation. By definition, IV moderate sedation is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or by light, tactile stimulation.

It has been explained to me that all forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure or anesthesia. Although rare, unexpected complications can occur with sedation including: infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or death. I understand that these risks apply to all forms of anesthesia and I give consent for Dr. Jonathan Pluid to perform IV moderate sedation.

Signature: _____ Date: _____

Signature of Guardian: _____ Date: _____