

Relative Analgesia (RA) Consent Form

Relative analgesia makes lengthy or complex dental treatment more comfortable and easy for you. It can help remove anxiety, stress, discomfort, memory and awareness of the procedure. You may enjoy a relaxing sleep whilst you maintain your ability to breathe for yourself, maintain your reflexes and your ability to respond to us if required. You will still receive a local anaesthetic after you are sedated. Following your procedure you will be given appropriate recovery time in which you will be closely monitored.

Our practice is specially equipped for treatments under relative analgesia; however as with any anaesthetic procedure it is not without risk.

These risks include but are not limited to:

- 1. You may be relatively aware of the procedure.
- 2. You may experience nausea and vomiting.
- 3. You may remain drowsy and lack time and space judgment after the procedure is completed but this is very rare.

The dental procedure to be carried out under relative analgesia is:

	CONSENTING CLINICIAN	SEDATING CLINICIAN	CLINICIAN CARRYING OUT DENTAL TREATMENT
NAME			
SIGNATURE			
DATE			

CONSENT:
I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT AND THE INFORMATION SHEET PROVIDED TO ME, AND HEREBY GIVE CONSENT TO TREATMENT UNDER INTRAVENOUS SEDATION. I COMMIT TO FOLLOWING THESE INSTRUCTIONS CAREFULLY AND COMPLETELY.

PATIENT NAME: _____ ESCORT NAME & CONTACT DETAILS:

SIGNATURE: _____

DATE: _____