



**Dr. Diederik W. Millenaar, Inc.**  
**Certified Specialist in Pediatric Dentistry**  
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Patient Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Minimal Sedation Consent

Some children cannot receive dental treatment in the usual manner due to their young age, excessive fear, inability to cooperate and/or extensive treatment needs. Your child may benefit by receiving a sedative medication so that your child's dental treatment can be accomplished in a safe and efficient manner.

Sedation is NOT the same as general anesthesia, and your child will NOT be asleep like they would be in a hospital. It is possible that your child may even cry during their visit but this can be a normal expectation for some children even though they are not experiencing anything painful.

The response to sedation medication is varied amongst children and it is not possible to predict each child's response. There are minimal risks associated with any sedation procedure, however the only alternatives are to delay treatment until your child is older or to perform the treatment in a private general anesthetic facility (if your child is over-age) or wait many months for B.C. Children's Hospital operating room time (children under four).

The most common side effects from minimal sedation are fainting, nausea, and vomiting. Although very rare, more serious complications have been reported. We have not experienced any of the following in our office but they may include: allergic reaction, respiratory, cardiovascular and/or central nervous system depression.

Our office deals with children's dental problems, many of which are severe. All of our staff are accustomed to dealing with these sedative agents and your child will be monitored throughout the procedure. Your child may be asked to remain in our recovery room after treatment.

Children generally respond much better to direction given by the dental team when parents are not in the operatory. I understand that I will NOT be in the operatory during treatment.

I acknowledge that the nature of the treatment has been explained to me and that I have been informed of the risks and benefits of providing this treatment. I am aware that there will be a charge for this sedation which is not covered by most dental plans. I hereby give permission to Dr. Diederik Millenaar and staff to render minimal sedation to my child.

Parent/Guardian Signature \_\_\_\_\_

## Protective Stabilization Consent

A sedated patient may become uncooperative during treatment. Protective stabilization may be required to reduce untoward movements, protect the patient, staff, dentist, from injury, and facilitate proper dental treatment. I acknowledge that the nature of the treatment has been explained to me and that I have been informed of the risks and benefits of protective stabilization. I hereby give permission to Dr. Diederik Millenaar and staff to render protective stabilization for my child.

Parent/Guardian Signature \_\_\_\_\_