

Patient Name: _____

D.O.B: _____

Conscious Sedation

I am being provided with this information and consent form so I may better understand oral conscious sedation and make a well-informed and confident decision regarding oral conscious sedation when provided with my varicose vein treatments. I understand that I may ask any questions regarding oral conscious sedation when provided with my varicose vein treatments. I understand that I may ask any questions regarding oral conscious sedation.

Nature of Oral Conscious Sedation

Conscious sedation of the type produced by oral sedation agents has been proven to be useful in controlling patient fears during office-based procedures; however, awareness and the ability to respond will be decreased. After administration of oral sedatives, you will be unable to operate a motor vehicle or return to work the same day. I understand that I have the option of no sedation; to have the procedure performed under the administration of local anesthesia only while being fully aware.

I understand that if I experience any unpleasant effects, before or after the procedure, I should inform Dr. Overbeck or a member of his staff immediately.

Patient Escort

I understand that I will not be able to drive or operate machinery while taking oral sedatives. Therefore, I understand that I will need to make arrangements for someone to drive me to and from my appointment while under the effects of oral sedatives.

_____ (Patient Initials) I designate the following person as my escort (who must be over 18 years of age)

Name of Patient's Escort

Escort's Phone Number

Acknowledgement

_____ (Patient's Initials) I understand the risks and elect to have oral conscious sedation done by Dr. Overbeck.

_____ (Patient's Initials) I understand the risks and elect to have my procedure performed under the administration of local anesthesia only.