



Sedation Consent Form

There are situations for which a diagnostic imaging procedure may be facilitated by sedating the patient. I understand that a medication has been ordered for the purpose of sedation. The benefit of sedation would be to increase your comfort level during the procedure being performed.

Potential Risks: The following complications are possible: hypotension (low blood pressure), seizure as well as allergic reactions including hives, shortness of breath, or difficulty in swallowing. These complications are usually treatable with medication. You (or your child) will be monitored closely during and after the procedure allowing for immediate treatment, should you experience any of the above complications.

If you (or your child) have taken any type of medication within the last 24 hours, please inform the technologist immediately.

I UNDERSTAND THAT I SHOULD NOT DRIVE A VEHICLE, OPERATE ANY MACHINERY OF ANY KIND, NOR DRINK ALCOHOLIC BEVERAGES FOR TWELVE (12) HOURS FOLLOWING THE ADMINISTRATION OF SEDATION.

We certify that we have read the above and that we understand its contents. We have been given an opportunity to ask questions about the procedures to be used, and the risks and hazards involved, and we believe that we have sufficient information to give this informed consent.

Patient's Signature

Print Name

Date

Driver's Signature

Print Name

Date