



Informed Consent for the ADMINISTRATION of Analgo-sedation

1. Patient Data

- **First and Last Name:** _____
- **JMBG (Personal ID Number):** _____
- **Date of Birth:** _____
- **Contact Phone:** _____

2. Description of the Procedure I have been explained by the attending surgeon and anesthesiologist that the planned intervention will be performed using intravenous analgo-sedation. I understand that this is a state of reduced consciousness in which I will be relaxed, with a reduced sense of fear and pain, but that I will be able to communicate with the staff if necessary.

3. Risks and Possible Complications Although analgo-sedation is considered safe, I am aware of the fact that medical procedures carry certain risks. I confirm that the following possible side effects have been explained to me:

- **Respiratory complications: Transient difficulty breathing or a drop in blood oxygen saturation (hypoxia), which may require oxygen assistance or, in extremely rare cases, intubation.**
- **Cardiovascular reactions: Changes in blood pressure (spike or drop) and heart rhythm.**
- **Allergic reactions: Possible reactions to the administered drugs, ranging from a mild rash to anaphylactic shock.**
- **Other: Nausea, vomiting, dizziness, pain or hematoma at the needle puncture site, prolonged drowsiness.**

4. Statement of Health Status (Medical History) I confirm under full material and moral responsibility:

- **That I have given the doctor accurate information about chronic diseases (heart, lungs, blood pressure, diabetes, epilepsy).**
- **That I have reported all medications I take regularly (especially blood thinners).**
- **That I have reported all known allergies to medications and food.**
- **That I have not eaten or drunk anything (including water and chewing gum) for at least 4 hours before the scheduled intervention.**

WHITE CLINIC
BELGRADE



VLADIMIR MALUŠEV PR SPECIJALISTIČKA ORDINACIJA DENTALNE MEDICINE IZ OBLASTI ORALNE HIRURGIJE WCB BEOGRAD
PIB 108397610 MB 63424919
TR: 265-1630310010137-65

5. Postoperative Instructions I commit to adhering to the following rules after the intervention:

- **I will leave the practice exclusively accompanied by an adult.**
- **For the next 24 hours, I will not drive a motor vehicle, operate machinery, or make important legal and business decisions.**
- **For the next 24 hours, I will not consume alcohol or sedatives without consulting the anesthesiologist.**

6. Statement of Understanding and Consent By my signature, I confirm:

- **That I have fully understood the nature and purpose of analgo-sedation.**
- **That I had the opportunity to ask questions and received satisfactory answers to them.**
- **That I consciously and voluntarily consent to the procedure, aware of all the listed risks.**

Signatures:

- **Patient's signature (or legal representative):**

- **(ID Card No.: _____)**
- **Anesthesiologist (Stamp and Signature):**

- **Oral Surgeon (Stamp and Signature):**

- **Belgrade, _____**