

PRIVATE SEDATION

CONSENT FORM FOR TREATMENT UNDER SEDATION

Name of patient

Name of parent or guardian (if applicable)

Address

Name of treating dentist

I hereby consent to undergo sedation under a private basis for the purpose of the following dental treatment, and I understand that the full treatment plan is to be undertaken as a private course of treatment. (see attached treatment Plan).

On date.

Dr. Bagasi has explained the nature of the treatment, its purpose, risks and alternatives to me and has also explained the type of sedation and pain control procedures likely to be used. I have also agreed that the dentist may proceed to treat any complications which may arise. I have been given the opportunity to ask questions.

Signature **Date**

(Patient/parent/guardian)*

1. I confirm that I have obtained a full medical history and explained to the person who signed the above form of consent, in terms which in my judgement are suited to his/her understanding, the nature, purpose, risks and alternatives of this treatment and that the anaesthetic techniques and usual pain control procedures have also been explained to him/her.

Signature **Date**

Name: Dr Z Bagasi

(Dental practitioner)

*Delete whichever is inapplicable