

Stephen Kelso

dental implants | oral surgery

Consent for procedures under Sedation

Patient details:

Surname:.....

Forenames:.....

Address.....
.....
.....

Date of Birth:Age:.....

You have been booked for treatment under Sedation. If you are not happy about this, then please contact the clinic NOW.

Most questions that you have can be answered at the time of your treatment. If you have any uncertainties, please telephone the clinic. We would wish to avoid unnecessary appointments.

Please read this form and the accompanying instructions and explanation leaflet carefully.

If there is anything that you do not understand about the explanation, or if you want more information, you should speak to the dentist.

Check that all the information on the form is correct.

I am the Patient/ Parent/ Guardian (Please circle)

I agree -to what is proposed and which has been explained to me by the dentist.

-to the use of the type of sedation that I have been told about.

I understand that any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.

I have told the dentist about any additional procedures that I would NOT wish to be carried out straightaway without my having the opportunity to consider them first.

CONFIDENTIAL MEDICAL HISTORY

Have you been diagnosed or do you suffer from any of the following: (Please give details)

Rheumatic fever

Heart problems (Angina, High BP, Murmurs, Heart attack).....
.....

Chest problem (Asthma, Bronchitis).....
.....

Jaundice or Hepatitis

Diabetes

Bleeding problems

Epilepsy or prone to fits or faints

Any other medical problems

Allergies.....
.....

Do you take any medicines (please list)

Dentist (this part to be completed by the dentist)

Dentist's name:.....

DESCRIBE THE OPERATION, INVESTIGATION OR TREATMENT

.....
.....
.....

I confirm that I have explained the operation, investigation or treatment and such appropriate options as are available and the type of sedation, if any (inhalation, oral or intravenous) proposed, to the patient in terms which in my judgement are suited to the understanding of the patient and/ or to one of the parents or guardians of the patient.

Patient/ Parent/ Guardian Signature

Date:

Dentist Signature:

Date: