Bastow & Chye
CompleteDental

PRE – IV SEDATION SIGNED CONSENT.

PATIENTS NAME:

I have been given the following forms:

- **pre- Sedation information sheet.**
- **Procedure information, or verbal discussion with my dentist which details possible risks.**
- **Treatment plan with item codes and costs.**

(I am aware the treatment and the sedation time may change on the day of my appointment if required)

- **The carer who attends and collects you on the day of your appointment will be given post operative instructions which will be discussed, and they will be required to sign on your behalf before being discharged.**

Full payment is required on the day of service unless otherwise organised with the practice.

Signature of patient or guardian.....

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