



dr kevin dann

B.Sc., D.D.S., B.Sc.D (Anaesthesia)
Certified Specialist in Dental Anaesthesia

Consent for Treatment / Sedation / General Anaesthesia

I authorize Dr. Dann and his surgical/anaesthesia team to carry out the necessary procedures under intravenous/general anaesthesia.

The nature and purpose of the treatment, possible alternatives, associated benefits and risks involved, and the potential complications have been explained to me in a manner, which I understand.

I have had the opportunity to discuss the treatment/sedation/general anaesthesia and had a thorough and complete explanation to any questions I may have by qualified personnel including the doctor.

I hereby acknowledge I have given an accurate report of my past and present physical and mental health history. I understand that I must notify the staff/doctor if I am or there is a chance I may be pregnant; or am lactating.

I agree to follow **pre-operative** and **post-operative instructions** as explained to me verbally and given to me in writing.

Furthermore, during treatment under sedation/general anaesthesia unforeseen conditions may unexpectedly arise during the course of the procedure that necessitates a change in planned treatment. I authorize Dr. Dann and the operative team to make whatever change they deem, in their professional judgment, is necessary. I also understand that I have the right to designate a responsible adult who will make such a decision.

I understand it is my responsibility to refrain from driving a motor vehicle, operate machinery or consume alcohol for at least 18 hours following my procedure.

I will have a **responsible adult** accompany me home in a private vehicle; public transit is not an option.

Signature of Patient

Signature of Parent/Guardian/Translator

Signature of Witness

Date

Date

Date

Print Name

Print Name

Print Name