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Important Information and Informed Consent for Sedation/General Anaesthesia

The purpose of this Informed Consent Form is to provide an opportunity for patients (and/or their parents or guardians) to understand and give permission for treatment under sedation or general anaesthesia.

I understand that the purpose of sedation/general anaesthesia is to more comfortably receive necessary dental treatment. 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 I am lactating.

I understand the nature and purpose of the necessary treatment/sedation/general anaesthesia, possible alternatives, associated benefits and risks involved, and the potential complications have been explained to me in a manner in 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 further understand that dentistry/sedation/general anaesthesia is not an exact science. There are no warranties or guarantees with dental treatment/sedation/general anaesthesia.

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

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



comfortable dental care for adults and children