

Fairview Dental Clinic
21 Fairview
Dublin 3
Tel 01-8338985

CONSENT FOR INTRAVENOUS SEDATION

Name of proposed procedure or course of treatment

.....
.....

Consent for Dental Treatment

Patient's Name

Patient's Signature

I have explained the procedure to the patient. I have also explained the following

The intended benefits and side effects.

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.....

I have discussed with the patient what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of the patient.

Consent for Sedation

Name of Dentist

Signature of Dentist

Name of Patient

Signature of Patient

Date

