PDG

Pediatric Dental Group Inc.

Consent for Minimal or Moderate Sedation

Patient's Full Name: ______________________ Date of Birth: ______________________

I hereby authorize Dr. ______________________ to perform the necessary dental treatment on me/my child utilizing minimal or moderate sedation techniques.

I understand that the procedure will require minimal or moderate sedation, and I consent to the administration of this by the above-named practitioner administering the minimal or moderate sedation.

I have been informed of the fee ($ __________) per appointment for the provision of minimal or moderate sedation in the office based on the type of sedation and duration of dental treatment.

I also understand that during the course of treatment, unforeseen circumstances may arise that make it advisable for an additional or alternate procedure to be performed, which I also consent to being performed.

I acknowledge receiving a copy of the pre-operative and post-operative instructions which have been explained to me. After discharge, I will notify the above-named practitioner if experiences of acute pain, heavy bleeding from the surgical site, respiratory problems, or any other post-operative problems are encountered.

______________________________ ______________________

Patient/Parent/Guardian Signature Date

______________________________ ______________________

Witness Date

www.PDGdental.com

Suite 200, South Tower
650 West 41st Avenue
Vancouver, B.C. V5Z 2M9
Pediatric Dentistry: 604-263-2422
Orthodontics: 604-263-2727
Fax: 604-263-3710

Unit 101, 2973 Glen Drive
Coquitlam, B.C. V3B 2P7
Phone: 604-945-8978
Fax: 604-945-8454

Certified Specialists in Pediatric Dentistry
Donald W. Scheideman Inc., D.M.D., Dip. Ped., F.R.C.D.C.
Anabel R. Chan Inc., D.D.S., Dip. Ped., M.Sc., M.R.C.D.C.
M-Reza Nouri Inc., D.M.D., Dip. Ped., M.Sc., F.R.C.D.C.
Louisa Y. Leung Inc., D.M.D., M.S., F.R.C.D.C.
Carter K. Ng Inc, D.D.S., Dip. Ped., M.Sc., F.R.C.D.C.
Bradford W. Scheideman, D.M.D., G.P.R. Cert, Dip. Peds., F.R.C.D.C.

Certified Specialists in Orthodontics
Donal C. Flanagan Inc., D.D.S., M.S., F.R.C.D.C.
Christian A. Wong Inc., D.D.S., M.S., F.R.C.D.C.
Todd R. Moore Inc., D.D.S., M.Sc., F.R.C.D.C.

Suite 107, Sunshine Village
6345 120th Street
Delta, B.C. V4E 2A6
Pediatric Dentistry: 604-599-9038
Orthodontics: 604-599-9036
Fax: 604-502-7927

Suite 230, 6180 Blundell Road
Richmond, B.C. V7C 4W7
Phone: 604-271-4211
Fax: 604-271-8232