

TORRINGTON DENTAL PRACTICE

Declaration

I can confirm that I discussed all treatment management options with the patient including local anaesthetic only, inhalation sedation, intravenous sedation and general anaesthetic. The patient is aware of the differences and has requested treatment with conscious sedation.

Signed **Dentist Name**

I agree that the dentist has discussed the difference between conscious sedation and general anaesthetic and I have requested treatment with conscious sedation.

Signed **Patient Name**