



## Minnaar Sedation

Minnaar Sedation (Pty) Ltd  
REG NO: 2013/096441/07  
PR 0526045

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### **CONSENT TO CONSCIOUS SEDATION/INTRAVENOUS SEDATION FOR DENTAL/SURGICAL PROCEDURES :**

I, .....(name), the undersigned, understand the nature of Conscious Sedation, the purpose of the procedure and the risks involved. I have read and understand the pre- and post-operative instructions that has been provided by **MINNAAR SEDATION**. I consent to myself or consent to my child, .....(name), receiving dental/surgical treatment to be carried out under Conscious Sedation / intravenous sedation at .....(practice name).

The nature of the proposed treatment and the sedation have been explained to me to my satisfaction and I have had the opportunity to ask questions prior to treatment. I have been fully informed and declare the following as below. I also consent to any further measures as may be judged necessary by the dentist and anaesthetist involved in the light of the development during the procedure.

**I declare that I will be responsible for the payment of this procedure. Should the medical aid not cover the full amount within 2 months of the service date, I will receive an account from Minnaar Sedation and will remain responsible for the outstanding balance to be paid within 1 month of date of issue.**

**\*Should you not comply, we are legally entitled to submit your account to our attorneys to handle the claim externally.**

..... /...../20....

(Signature of patient or guardian in case of minor)

Witnesses: 1. .... 2. ....

I, Dr....., have explained the procedure of conscious sedation, risks and alternatives to the patient/guardian and believe he/she has been adequately informed, gave appropriate consent and understand the pre- and post-operative instructions that has been provided by **MINNAAR SEDATION**.

.....(Signature of doctor) /...../20....