



I have received and understand the pre-operation instructions that were given to me. I understand that should I not follow all of the pre-operation instructions my appointment will be cancelled and the sedation fee will not be refunded. The sedation fee includes the anesthesiologist time and travel to Highland Dental Clinic.

I fully understand that these instructions are for my overall health and well being. Should I not follow the instructions and the anesthesiologist determines during my appointment that I ate, drank, used tobacco products and/or ignored any of the instructions; I maybe brought out of anesthesiology prior to the completion of my procedure(s). Should this happen, I am aware that my sedation fee will not be refunded.

I know everything will be done to keep to my designated time slot to avoid the additional charges. I am fully aware that should my procedure run over the designated time for any reason, I will be charged a fee of \$75 for every 15 minute block of time to cover the anesthesia.

I have been given the opportunity to ask all my questions regarding the pre-operation instructions, and understand that I may call at any time prior to my appointment to ask any additional questions I may have.

Signature

Date

Printed Name

Witness

Date