Appendix 10:

Cover letter to patient/parent/guardian

Dear Patient/Parent/Guardian,

Your doctor/dentist recommends that your/your child's procedure be performed under sedation. The procedure is scheduled for (date)……. at (time)……., at (address)……. The sedation will be performed by

Dr ……..……

The estimated fee for the sedation is (fee)……

You will receive the following documents:

1. **Confidential medical history questionnaire.**

Please read and answer every question truthfully and provide details where needed.

Please provide a full list of all prescription and/or alternative medication (including herbal) that you are currently taking.

The information required is vital, as it will assist us in deciding whether you qualify for sedation and to ensure a safe sedation. If you suffer from any medical condition, you will need to inform your doctor/dentist before the procedure/operation. Discuss with your doctor/dentist whether to take your acute or chronic medication on the day of the procedure.

2. **Consent form for the sedation.**

Kindly complete and sign.

3. **Instructions on how to prepare for the sedation.**

Please return these forms at your earliest convenience either by email or fax. Your booking can only be confirmed once the forms have been received. If anything is unclear, please contact your doctor/dentist at the following telephone numbers:

Tel: ……