Appendix 10: Cover letter to parent/caregiver

Dear Parent/Caregiver

Your child's doctor/dentist recommended performing your child's procedure under sedation after discussing alternative options with you. 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 the child is currently taking.
   The information required is vital, as it will assist us in deciding whether the child qualifies for sedation and to ensure safe sedation. If the child suffers from any medical condition, you will need to inform your doctor/dentist before the procedure/operation. Discuss with you doctor/dentist whether the child should take his/her 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. The 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: ……