

**IMPORTANT INFORMATION ABOUT YOUR SEDATION PROCEDURE AND FEES**

Before your dental sedation	After your dental sedation
<p><b>Fasting is essential:</b>  <b>DO NOT EAT OR DRINK <i>anything</i></b> for <b>AT LEAST 4 hours</b> prior to your procedure.  <b>Medications:</b> can only be taken <b>before the fasting period</b>, no later than 4 hrs before your procedure.  <b>Other instructions:</b> Ensure you comply in every way with any and all other instructions given by your dentist or doctor about your dental procedure or sedation.  <b>Carer: Ensure you have a responsible adult available to be with you for at least 12 hrs after the sedation.</b> Please ensure your carer is with you prior to your procedure to discuss your care needs with the doctor.</p>	<p>The following instructions must be complied with.:  <b>Do not walk unaided for at least 3 hours. For a minimum of 12 hrs do not:</b> Be alone; Drive, ride or be in control of any vehicle; Operate machinery; Drink alcohol; Travel alone (private or public transport); Engage in sports or heavy lifting; Engage in work of any kind; Complete legal documents; Prepare hot food; Do not use email, SMS or social media of any kind.  <b>Carer:</b> Ensure your carer is available to discuss your care needs on your discharge from the surgery and is with you, preferably until the next morning, but for <b>at least 12 hrs</b> after your procedure.  <b>Do:</b> Rest and relax, ensure plenty of oral fluids.</p>
<p><b>Complications</b> with dental sedation are unusual but possible. Serious or life-threatening events can occur but are extremely rare and usually occur in patients already at risk from other medical problems.  <b>Minor:</b> bruising at needle site, nausea, vomiting, headache, mild itch or rash (variable severity and usually temporary). Temporary short term amnesia is expected. Some recall of activity, but without distress, is common.  <b>Serious:</b> burns (electrical or chemical), awareness during anaesthetic, severe allergic reactions, pressure areas, nerve damage, aspiration of stomach contents, deep vein thrombosis. (Uncommon).  <b>Disastrous:</b> failure of equipment or personnel, pulmonary embolism, anaphylaxis or shock, hyperthermia, stroke, heart attack, paralysis, severe maiming, coma, or death. (Very rare).</p>	
<p>Whilst these lists account for most known complications, they are not exhaustive of every possible unwanted or adverse event that might occur.  <b>Every effort will be made to avoid, anticipate, minimize and manage any adverse event which might occur.</b></p>	

**FEES FOR YOUR SEDATION ARE SEPARATE TO YOUR DENTIST'S FEES**

The fee for your sedation will vary depending on the type of procedure, the time taken to complete your care, your age and general health. Because of this variation, an exact fee cannot be quoted.

**Estimated range of fees** (excluding exceptional circumstances)

	Fee Payable by You	Out of Pocket Cost <i>after</i> Medicare Rebate
<b>For up to 2 hours</b>	From \$500 to \$800	From \$278.30 to \$527.80

These amounts will increase proportionately for longer procedures

**Method of Payment**

**We will collect your credit card details when you attend for your procedure. My fee will be charged to your credit card and a receipt for your Medicare claim will be sent to you, by email or post, whichever you prefer.**

If you do not have a credit card, payment will need to be made at the completion of your procedure, in cash.

Your out of pocket expenses are reduced because these fees are significantly discounted below the AMA recommended rate. We can only maintain this discount if accounts are settled according to the method of payment outlined above.

**Our aim is to ensure you have a safe and comfortable dental sedation experience.**

Please phone, or ask the doctor at your pre-sedation interview, if you have any remaining questions or concerns.

**Consent:** I confirm I have been provided with sufficient information and time to understand my dental sedation and its potential outcomes and complications, to the extent required by me to provide informed consent. I understand, accept and undertake to pay, the fees associated with my dental sedation, as outlined above.

**Patient / Authorized Agent Signature:**

**Name:**

Witness signature:

Date: