

# declaration of consent



## I give my consent for treatment under therapeutic anxiolysis:

family name \_\_\_\_\_ first name \_\_\_\_\_ date of birth \_\_\_\_\_

Some patients are sensitive/afraid before or during dental treatment. For these patients, "Dormicum" could be applied before the actual dental treatment. It has anxiolysis, amnesic and sedative effects. The duration of these effects will last for about 2 hours. Additionally, you could bring your own music and listen to it during the treatment.

### Please note:

#### Before the treatment:

- » please do not eat 2 hours before the treatment
- » please arrive in the dental office 30 min. before the
- » actual time of the appointment - someone has to collect you from the dental practice

#### After the treatment:

- » it is necessary that someone will be able to care of you the entire day
- » you are not legally competent for the whole day
- » you MUST NOT attend the road traffic, neither as driver nor as pedestrian

### All my questions about the treatment have been answered. We have discussed the following facts:

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Halle (Saale), date \_\_\_\_\_

Signature of patient / legal guardian \_\_\_\_\_

Signature of consultant dentist \_\_\_\_\_