



**Dr. Brian Chanpong Inc.**

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**PATIENT'S CONSENT FOR DENTAL TREATMENT  
UNDER SEDATION / GENERAL ANESTHESIA**

PROCEDURE(S) \_\_\_\_\_

OPERATING DENTIST \_\_\_\_\_

ANESTHETIST Dr. Brian Chanpong

I, \_\_\_\_\_, hereby consent to the procedure(s) noted above. I acknowledge that the procedure(s), its implications and possible complications have been explained to me, along with the alternatives including not having any treatment. I have been given the option to have the above stated procedure(s) completed with local anesthesia alone, or in combination with sedation / general anesthesia. I have chosen to have my dental procedure(s) completed with sedation / general anesthesia and hereby consent to the administration of this by the above-named anesthetist. I further understand that during the course of any treatment, unforeseen circumstances may be revealed that could necessitate the performance of an additional or alternate procedure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient     Parent     Legally Authorized Representative

Witness \_\_\_\_\_ Date \_\_\_\_\_

I, the undersigned, hereby acknowledge receiving a copy of the pre- and post-operative instructions which have been explained to me. I understand the advice given and agree to the restrictions placed on me. After my discharge, I will notify my dentist if I experience any acute pain, heavy bleeding from the surgical site, or any other dentally related post-operative problems. I will notify Dr. Chanpong if there are any other concerns (i.e., breathing problems, general wellness).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient     Parent     Legally Authorized Representative

Witness \_\_\_\_\_ Date \_\_\_\_\_