



kenner dental group
COSMETIC AND RESTORATIVE DENTISTRY

1800 SW 152nd Street, Ste 201, Burien, WA 98166 | (206) 248-1339 | www.kennerdentalgroup.com

Consent for Oral Sedative

Patient Name _____ Date Of Birth _____

Legal Guardian Name (if applicable) _____

Current Medications _____

Current Allergies _____

You are being given an oral sedative in order to help you complete your dental treatment. This drug impairs your judgment and reactions; therefore, The Kenner Dental Group will not provide any oral sedatives unless you have arranged for a licensed adult to drive you to and from your dental visit.

I understand that I will not be competent to drive an automobile or operate any machinery within 8 hours of taking the sedative. I have arranged for a licensed adult driver to drive me to and from The Kenner Dental Group.

I have been properly informed and understand the above information.

Patient Signature _____ Date _____ Time _____

By my signature below I attest to the fact that I explained the procedure to the patient.

Witness Name _____ Date _____ Time _____

Witness Signature _____

I understand that I am responsible for transporting the above reference patient, as this individual will be under the influence of an oral sedative. I attest that I am a licensed driver.

Driver's Name _____ Date _____ Time _____

Driver's Signature _____