**Devon, Cornwall and Isles of Scilly Area Team**

**Adult - Oral & Maxillofacial Surgery GA or Sedation Request Form**

**(Form 2)**

**Patient details:**

|  |  |
| --- | --- |
| Title: | Address: |
| Forename(s): |  |
| Surname: |  |
| Sex: |  |
| Date of birth: |  |
| NHS Number: | Postcode: |
| Telephone numbers: Home:  Mobile: | |

**Referring Practitioner:**

|  |
| --- |
| Name: |
| Address: |
| Telephone Number: |
| Fax Number: |
| Does the patient have a disability? YES  NO  If yes, please specify: |

**Procedure:**

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| Please give details of the procedure to be carried out: |
| Referring to the guidelines on GA and Sedation, please give details of why this patient requires sedation or a General Anaesthetic: |
| Is the patient able to have routine dentistry performed under local anaesthetic: Y  N |

**Declaration:**

|  |
| --- |
| **Dentist:**  I have explained to the patient that Sedation and General Anaesthesia carries an increased level of risk and should not be used as a routine alternative.  **Name:** **Signed : Date:**  **Patient:**  I understand that Sedation or General Anaesthesia carries an increased level of risk and should not be used as a routine alternative to local anaesthesia (the normal injection you have for fillings).  **Name:** **Signed :** **Date:** |