



**PATIENT CHECKLIST**

- I agree to the administration of IV Sedation / General Anesthetic.
- I have been informed I must not eat or drink past midnight.
- I have been informed that failure to inform the clinical staff of any food or drink consumed past midnight could result in death if GA or IV Sedation were given.

**For Children**

- Where cavities are between the teeth or where very little tooth structure remains after removing decay, the dentist treating your child reserves the treatment decision to place dental amalgam (silver fillings) or stainless steel crowns. This is what our group of dentists has determined “best practice” when treating children. Stainless Steel crowns may be used for restoration of your child’s front teeth – your child’s teeth may be silver coloured in the front. As well, teeth that have too much decay and/or infection will be removed while your child is asleep.

**For Children**

I authorize the use of silver fillings and/or stainless steel crowns when my child is receiving dental treatment.

- I have been informed of non-assignment (deposit is due at time of booking appointment and full balance is due day of appointment prior to treatment).
- For Social Services Clients, a \$250.00 honorarium to be paid at time of scheduling appointment. This honorarium will be returned to patient on day of treatment. Patient not adhering to instructions listed above, patient cancelling appointment with less than 48 hours notice or patient failing to come to appointment will not have honorarium refunded
- For FCH (First Canadian Health), a \$500.00 deposit to be paid at time of scheduling appointment. Any credit remaining on account after benefits received from the First Canadian Health will be returned to patient. Patient not adhering to instructions listed above, patient cancelling appointment with less than 48 hours notice or patient failing to come to appointment will not have deposit refunded.
- I have been informed that a \$500.00 fee will be imposed if appointment needs to be rescheduled because of patient not adhering to all of above, patient cancelling appointment with less than 48 hours notice or patient failing to come to appointment.
- I have been informed the following fees will be in effect:
 

IV Sedation	1 <sup>st</sup> hour	\$500.00	each additional hour	\$250.00
General Anesthesia	1 <sup>st</sup> hour	\$450.00	each additional hour	\$450.00
- I have been informed I/Parent or Guardian must be in contact with the Registered Nurse at James Lipon Dentistry by 2:00 PM day prior to surgery. If I fail to contact James Lipon Dentistry to go over instructions by 2:00 PM day prior to surgery the scheduled appointment will be cancelled and the \$500.00 deposit will be non refundable.



I agree that I will go back to my referring dentist once treatment is complete.  
Referrals will not be accepted as regular patients unless the referring doctor has  
advised our office in writing.

\_\_\_\_\_  
Patient Signature/Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date