



Szundizz Velünk

Mobil Aneszteziológiai és Tanácsadó Kft.

www.mobilaltatas.hu

Consent for anesthesiology in the dental treatment

Undersigned: _____ Year/ place of birth: _____

Address: _____

I would like the anesthetic experts and assistants from Szundizz Velünk Kft. to perform the anesthesia during my medical treatment.

I declare that I have answered all the questions truthfully, I do not have any concealed sicknesses nor any harmful addictions.

I agree that due to possible concealed information complications may arise causing even fatal consequences.

I understood and accept the fact that even with the most careful expertise in the anesthesia complications and side effects may arise.

I have received all necessary information and answers to my questions in both oral and written form. I accept all the requirements of the anesthesia and agree to those.

I have required the local anesthesia from my own free will after consulting my dentist; no one has forced me to it.

I hereby approve to register and manage my personal data in regards to the anesthising documents herein.

Patient: _____ Anesthesiologist: _____

Date: _____

Go on dreaming, while we do the work.