



ACKNOWLEDGEMENT OF ESCORT FOR CONSCIOUS SEDATION

I acknowledge presenting as the escort for _____

and will drive them home following the dental procedure that includes conscious sedation.

I will be immediately available throughout the procedure and for 24 hours following the procedure to the patient. I will notify the office of Drs. Kyle Diehl and Colleen Leong should any complications arise.

I have read and understand the above and have had all my questions answered to my satisfaction. I agree to proceed with the use of treatment documentation for marketing or educational purposes.

Please do not hesitate to contact our office with any questions leading up to and following your procedure.

Printed name and signature of Escort

Date

Relationship to patient and printed phone number of Escort

Printed name and signature of Witness

Date

Kyle Diehl, PhD, DDS, MSD | Colleen Leong, DDS, MSD

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