

SEDATION SERVICES AGREEMENT

This Sedation Services Agreement ("Agreement") is made and entered into as of the ____ day of _____, 202_, by and between:

Patient Name: _____ ("Patient")

Address: _____

Phone: _____

and

Provider Name: Dr. Alex Denes, DDS, MsCSD ("Provider")

Address: 7075 N. Chestnut ave, suite 105, CA, 93720

Phone: 559-400-7882 and 310-528-5840 (evening or text msg)

1. Services Provided

The Provider agrees to provide sedation services (hereinafter referred to as "Sedation Services") to the Patient in conjunction with other dental procedures rendered by another practitioner. The provider agrees to travel with all the equipment and medication(s) required to deliver safe sedation to your dentist's office. The Sedation Services include, but are not limited to, administering anesthesia, monitoring the Patient's vital signs during the procedure, and ensuring the Patient's comfort and safety throughout the duration of the service.

2. Fees and Payment

The Patient agrees to compensate the Provider for the Sedation Services as follows:

- **Base Fee:** \$750 per hour for the first four (4) hours (the "Base Period").
- **Extended Fee:** \$500 per hour for any time exceeding four (4) hours (the "Extended Period").
- **Minimum Charge:** The Patient agrees to pay for a minimum of four (4) hours, regardless of the actual time required.

The total amount due will be calculated based on the total time the Sedation Services are provided, starting from the administration of sedation until the time when the Patient is safely recovered from sedation.

Payment Method: Payment shall be made by personal check or cash. Full payment is due on the day of patient receiving the Sedation Services. The sum of \$3,000 (in personal check or cash) should be payable before commencement of the procedure, any difference (for any additional time as described above) can be billed to a credit card at the end of the procedure.

3. Cancellation Policy

The Patient may cancel the scheduled Sedation Services by providing at least 48 hours' notice to the Provider. Failure to provide sufficient notice may result in a cancellation fee of \$750.

4. Limitation of Liability

The Patient acknowledges that the Sedation Services carry certain inherent risks, including but not limited to, adverse reactions to anesthesia. The Provider shall not be held liable for any complications or adverse outcomes arising from the Sedation Services, provided that the Provider has acted in accordance with the standard of care.

5. Termination of Services

The Provider reserves the right to terminate the Sedation Services at any time if the Provider determines, in their sole discretion, that the Patient is not a suitable candidate for sedation, if patient did not follow the pre-operative instructions (given separately) or if for any medical reasons, it is unsafe to proceed with the sedation appointment. Should this situation occur, the patient is entitled to a refund of all fees paid minus \$500 to cover Provider's travelling expenses.

6. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of California.

7. Entire Agreement

This Agreement constitutes the entire agreement between the parties regarding the Sedation Services and supersedes all prior or contemporaneous understandings, agreements, representations, and warranties, whether written or oral.

8. Signatures

By signing below, the parties acknowledge that they have read, understood, and agreed to the terms and conditions outlined in this Agreement.

Patient Signature: _____

Date: _____

Provider Signature: _____

Date: _____



This Agreement is executed in duplicate, with each party receiving a copy.