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Dr. Sarah Clinics
Dentistry & Aesthetics

Visiting Sedationist Agreement

- Practice Name:
- Practice Address/Practice representative name/ contact details:
- Sedationist Name/Contact Details:
- The Sedationist will attend the Practice on : Date/Time
  to provide Midazolam Intravenous (IV) sedation for referred patients : Name/DOB
- The Sedationist will bring all necessary sedation drugs, specialized monitoring equipment, and provide contemporaneous records.
- The Practice will provide a fully equipped clinical surgery (including dental emergency equipment, clinical /sharps waste disposal). The practice will ensure that two team members will be present in the surgery at all times and be ILS trained.
- The Sedationist confirms they hold valid General Dental Council (GDC) registration, professional indemnity insurance, and comply with all IACSD (Intercollegiate Advisory Committee for Sedation in Dentistry) guidelines.
- **Booking Fee:**
- **Cancellations:** If the Practice cancels a session with less than 48 hours' notice, a cancellation fee of £ 200 applies.
- **Invoicing:** The Sedationist will invoice the Practice after each session.
- The Practice will settle the invoice within 14 days via Bank Transfer.
- The Practice is responsible for collecting sedation fees from the patient.
- The Practice will pay the Sedationist the agreed rate, independent of whether the Practice successfully collects the fee from the patient.
- **Practice Representative:** _____ Date: _____
- **Sedationist:** _____ Date: _____