

*W. Peyton Cunningham, D.D.S., M.S.
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Shreveport, La 71105
(318)798-3204*

I have been advised that sedative drugs will be administered prior to my appointment. I therefore agree that **I WILL NOT DRIVE** myself to the office prior to the appointment or home after the appointment. I will arrange to have a driver to and from the office.

Patient Name _____ Date _____

Patient Driver _____ Phone _____

Patient Signature _____ Date of Appt. _____

Witness _____ Date _____