

Charles K. Olson, D.M.D.      Brian P. Szakaly, D.D.S.

Oral and Maxillofacial Surgeons

NOTICE REGARDING HIV TESTING

Virginia Law requires that we inform you of the following:

The patient is hereby informed in accordance with Section 32.1-45.1 of the Code of Virginia, 1950, as amended, that if the provision of health care services to the patients at Dr. Olson's or Dr. Szakaly directly exposes any person employed by or under the direction or control of Dr. Olson or Dr. Szakaly, or any other health care provider to the patient's body fluids in a manner which may transmit immunodeficiency virus or HIV, then the patient shall be deemed to have consented to testing for infection with HIV and to the release of such test results to the person exposed.

I have been informed of the contents of the foregoing notice. SIGNED: (Patient or Legal Guardian if patient under 18 years)

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Signature:

Date:

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Patient's name:

Witness:

**INTRAVENOUS(IV) ANESTHESIA**

It is the policy of our office to perform most procedures under intravenous(IV) anesthesia. This provides patients with the most effective means to make a procedure comfortable as well as alleviate any anxiety. Please inform our doctors if you would like to discuss other means of anesthesia. This may or may not be covered benefit under certain insurance plans.

Please initial \_\_\_\_\_