

Consent for dental procedure

Dentists, hygienists or staff have explained to me the following procedure, or treatment to be undertaken:

I am aware that alternative treatments/procedures may be available, as well as the option not to proceed with the recommended treatment/procedure. I also understand that there are inherent risks to this recommended treatment/procedure as well as to any alternant treatment/procedure, as well as postponing or declining this recommended treatment/procedure. Those risks may include but are not limited to:

In addition, my dentist or his/her staff has offered me a more detailed explanation of this recommended treatment/procedure — if I so desire. I am fully satisfied with the description and information given, and all of my questions/concerns have been satisfactorily answered.

I acknowledge that no guarantee or warranty has been made to me about the results of any of the above recommended choices. Therefore, I freely give my consent to this above recommended treatment/procedure.

_____ Date _____
Patient signature/legally authorized representative

_____ Relationship _____
Printed name if signed on behalf of the patient