

DENTAL PATIENT CONSENT FORM

Note: This form contains information that is supplementary to the explanation that you have been given about the procedure. Please ask any and all questions that you may have before the procedure so that you can go in with confidence.

Nature of the Recommended Treatment:

The following treatments have been recommended for your situation:

This recommendation is based on the examinations that have been performed which may include a visual examination, X-rays, models cast, photos, knowledge of your dental history, and other diagnostic tests that were deemed necessary to properly diagnose the situation and come to a reasonable treatment regimen.

The treatment is essential for you because:

The benefits you'll gain as a result of this treatment include:

In my professional opinion, the prognosis of the aforementioned treatment is:

I expect that it will take approximately _____ hours to complete the treatment, but it could be shorter or longer based on what we experience as the treatment progresses.

The expected cost of the treatment is \$ _____ (_____ dollars). If the estimate increases or reduces, you will be informed as soon as that information becomes available.

Alternative Treatments

Like other medical conditions, there are multiple ways to treat dental conditions. The recommendation above represents what is believed to be the best option for your situation. With that being said, there are other options for treating your condition which include:

Please ask if you have further questions about the alternative treatment options or even treatment options you were told about or read about elsewhere.

Risks Of The Recommended Treatment

All procedures come with different levels of risk. Of course, we will do everything within our power to reduce or eliminate complications associated with the treatment recommended herein. There are some complications that are more common than others which include:

Please ask any and all questions you may have about these complications or any complications that you have heard about, read about, or been told about. Keep in mind that there are NO stupid questions or obvious questions. You are entitled to fully understand the procedure and potential complications before making a decision. We will only proceed when you are ready.

Acknowledgment

I, _____, have received information about the proposed treatment.

I have discussed the treatment options with the undersigned Treating Dentist and have been given ample opportunity to ask questions and have them fully answered. I understand the nature of the recommended treatment, alternate treatment options, and the risks of the recommended treatment and hold the Treating Dentist, and any of his/her associates, harmless of any wrongdoing in connection with the treatment. Provided that any complications did not arise due to negligence.

Furthermore, I wish to proceed with the recommend treatment.

Patient or Guardian

Signature: _____ Date: _____

Treating Dentist

Signature: _____ Date: _____

Witness

Signature: _____ Date: _____