Dental Treatment Consent Form

PATIENT INFORMATION:

Patient information:

LEGAL GUARDIAN INFORMATION

Legal guardian information

Parent/legal guardian's name: _____ Relationship to patient: _____

Age: _____ Contact number: _____

TREATMENT DETAILS

Treatment details

Proposed treatment/s:

Dentist performing the treatment: _____ Date of treatment: _____ dd / mm / yyyy

DESCRIPTION OF PROPOSED TREATMENTS

Description of proposed treatments

The dental procedure(s) may include (but is/are not limited to):

The nature of the treatment, expected benefits, potential risks, and alternatives to the procedure(s) have been explained to me.

RISKS AND COMPLICATION

Risks and complication

ANESTHESIA/MEDICATIONS

Anesthesia/medications

Anesthesia to be administered: _____

ALTERNATIVE TREATMENTS

Alternative treatments

The dentist has discussed alternatives to the proposed treatment, including:

POST-TREATMENT CARE

Post-treatment care

FEES

Fees

CONSENT STATEMENT

Consent statement

- [ ] I have the legal authority to consent to this treatment.
- [ ] I have reviewed the proposed treatment, potential risks, and alternatives, and I give my informed consent on behalf of the patient.

FOR PATIENT/LEGAL GUARDIAN

For patient/legal guardian

Patient or legal guardian's signature:

Date: _____ dd / mm / yyyy

Dentist's signature:

Date: _____ dd / mm / yyyy