

DENTAL PATIENT CONSENT FORM

This information is provided to help you understand the treatment I am recommending for you. Before I begin treatment, I want to be certain that I have provided you with enough information in a way you can understand, so that you're well informed and confident that you wish to proceed. This form will provide some of the information. I will also have a discussion with you.

PLEASE BE SURE TO ASK ANY QUESTIONS YOU WISH!

It's better to ask them now than wonder about it after we start the treatment.

Nature of the Recommended Treatment:

I am recommending the following treatment(s) for you:

I base this recommendation on the visual examination(s) I have performed, on any x-rays, models, photos and other diagnostic tests I have taken, and on my knowledge of your medical and dental history. I have also taken into consideration any information you have given me about your needs and wants. The treatment is necessary because:

The benefits of this treatment are:

The prognosis, or chance of success, of the treatment is:

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

I expect it to cost about \$ _____ and I will let you know as soon as possible if the cost estimate increases or if it can be reduced.

Alternative Treatments

There are many ways to treat dental problems. I have chosen the one that I think best suits your needs. However, there are other ways that your condition can be treated, including:

If you have any questions about these alternatives, or about any other treatments you have heard or thought about, please ask.



Risks Of The Recommended Treatment

No dental treatment is completely risk free. I will take reasonable steps to limit any complications of the treatment I have recommended. However, there are some complications that tend to occur with some regularity.

These include:

If you have any questions about these complications, or about any other complications you have heard or thought about, please ask. I believe that the treatment will be most successful when you understand as much as possible about it, because you will be able to provide more information to me and to ask better questions. No question is too simple to ask and I have as much time to answer them as you need. When you feel you can make an educated decision about this recommendation, then we can get started with treatment.

Acknowledgment

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

I have discussed my treatment with the undersigned Treating Dentist and have been given an 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: _____

