

Specialty Dental Procedure Consent Form

Patient Information

Full Name

Date of Birth

Phone Number

Address

Procedure Information

Procedure Name

Description of Procedure

Risks & Alternatives

Risks / Complications

Alternatives

Consent Confirmation

☐ I have read and understand the information above.

☐ I have had the opportunity to ask questions.

☐ I voluntarily give my consent for this procedure.

Patient Signature

Date

Witness / Dental Staff Signature

Date