

Dental Patient Consent Form

Patient Information

Full Name

Date of Birth

Contact Number

Address

Procedure Details

Procedure to be Performed

Risks / Possible Complications

Alternatives Discussed

Consent

☐

I have read and understood the information above.

☐

All my questions have been answered.

☐

I consent to the proposed dental procedure.

Patient Signature

Date

Witness (if applicable)

Date