

Dental Procedure Informed Consent Form

Patient Information

Patient Name

Date of Birth

Address

Phone Number

Procedure Details

Procedure Name

Description of Procedure

Reason for Procedure

Alternatives to This Procedure

Risks, Complications, and Side Effects

Expected Benefits

Consent Confirmation

☐

I have read and received an explanation of the procedure and its risks.

☐ My questions have been answered to my satisfaction.

☐ I voluntarily consent to the proposed dental procedure.

Signatures

Patient/Legal Guardian Signature

Date

Dentist Signature

Date