

CONSENT TO DENTAL TREATMENT

Patient Name:

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Date of Birth:

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PROCEDURE/ OPERATION/ TREATMENT

I have read or it was read to me the description of treatment as set out in the treatment plan and estimate of costs that I have been provided with.

I have been advised and understand that it is necessary to remove decayed or healthy tooth substance/soft tissue in order to complete the proposed procedure/ operation/ treatment as set out in the treatment plan to secure and maintain my oral health as explained during consultation and discussions with the dentist.

I have been advised and understand that it is necessary to remove decayed or healthy tooth substance/ soft tissue in order to bring about the desired aesthetic result as set out in the treatment plan as explained during the discussions with the dentist.

I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I may have will also be answered by a member of the dental team.

Consent for Treatment

By signing below, I agree that:

1. I have read this form, or it was read to me.
2. I confirm that I have been informed of the investigation/ procedure/ operation/ treatment is to be conducted on an NHS or Private basis or combination of NHS and Private.
3. I confirm that I have received and read the treatment plan and the estimate of costs relating to the Investigation /procedure /operation/ treatment or it was read to me.
4. I confirm that I have received information in relation to the proposed investigation/ operation/ procedure/ treatment.
5. I understand the explanation of the benefits and possible risks in relation to the proposed treatment.

- 6. I understand my other options including the option of not to treat and what will happen if I have no treatment.
- 7. I was able to ask questions and they have been answered to my satisfaction.
- 8. I was given the opportunity to have a support person/interpreter present.
- 9. I choose to have this investigation/ procedure/ operation/ treatment done and authorise the dentist to complete the investigation/ procedure/ operation/ treatment and his/her designated assistants to assist.
- 10. I consent to any other emergency procedure required to treat a life-threatening event during the investigation/ operation/ procedure/ treatment.
- 11. I consent to the disposal of any tissues or parts that may be removed during the procedure.
- 12. I was given the opportunity to seek a second opinion in relation to the investigation/ operation/ procedure/ treatment.
- 13. I understand that no guarantee has been made that the investigation/procedure/operation/ treatment will improve the condition.
- 14. I confirm that I have the ability to give my informed consent to the investigation/ operation/ procedure/ treatment or I have the ability to give my informed consent to the investigation/ operation/ procedure/ treatment if signing on behalf of the patient.
- 15. I understand that my treatment plan may alter and that I will be advised of additional treatment costs to any alterations.

Declarations

I am satisfied that I was provided with the information, options, estimate of costs, risks, and benefits for the proposed investigation/ operation/ procedure/ treatment. After taking all the factors into consideration, I consider the risks to be acceptable to me, considering the benefits the proposed intervention will bring.

Signature of patient or person authorised to signed on behalf of the patient

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Date

I believe that the patient/ substitute decision-maker fully understood the review of the proposed investigation/ treatment/ procedure/ operation.

Signature of dentist,

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Date.....