

# Dental Procedure Consent Form

## Patient Information

Full Name

Date of Birth

Contact Number

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## Procedure Details

Procedure Name

Procedure Description / Notes

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## Risks and Alternatives

Please list possible risks and alternatives provided:

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## Patient Consent

- ☐ I have read and understood the information provided to me about the above procedure.
- ☐ All my questions have been answered to my satisfaction.
- ☐ I give my voluntary consent to proceed with the treatment.

Patient Signature:

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Date:

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Witness Name/Signature:

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Date:

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