

Dental Procedure Consent Form

Patient Information

Full Name

Date of Birth

Contact Number

Procedure Details

Procedure Name

Procedure Description / Notes

Risks and Alternatives

Please list possible risks and alternatives provided:

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:

Date:

Witness Name/Signature:

Date:
