Meadow Lane Dental Practice

Dental practice consent form

Informed consent for dental treatment.

Parties

Practice: _____

Patient: _____

Treatment

Treatment: _____

Date: _____

Dentist: _____

What you are consenting to Describe the treatment in plain language as agreed at the meeting.

- **Terms** The treatment, its purpose and what it involves have been explained to me.
- The benefits, risks (including Sensitivity, need for further treatment) and alternatives have been discussed.
- I have had the chance to ask questions and am satisfied with the answers.
- I understand I can withdraw my consent at any time before treatment.

This is a general template, not legal advice. Check your local regulations for anything you are unsure about.

Sign-off

Patient: _____ **Dentist:** _____ **Date:** _____