

Dental Consent to Treat Form Sample

A **Dental Consent to Treat Form Sample** provides a clear template for patients to authorize dental procedures. It ensures informed consent by outlining the treatment details, risks, and patient responsibilities. Using this form helps protect both the patient and dental provider legally.

Patient Information

Full Name:

Date of Birth:

Phone Number:

Treatment Information

Description of Procedure(s):

Risks/Complications:

Consent & Authorization

I understand the nature and purpose of the dental procedure(s) described above. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction. I acknowledge the potential risks and complications involved.

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I consent to the dental treatment described above.

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I authorize the release of relevant medical/dental information to my insurance company if necessary.

Signatures

Patient Signature:

Date:

Parent/Guardian Name (if patient is a minor):

Parent/Guardian Signature:

Submit Consent