

Client Consent Form for Dental Procedures

This **Client Consent Form** ensures patients fully understand and agree to the treatment plan before any dental work begins. This document outlines potential risks, benefits, and alternatives to protect both the patient and the dental provider. Proper use of consent forms enhances communication and fosters trust in dental care.

Patient Details

Full Name:

Date of Birth:

Address:

Contact Number:

Treatment Information

Proposed Procedure(s):

Expected Benefits:

Possible Risks and Complications:

Alternatives (if any):

Consent Statement

I have read and understand the information provided above.
I have had the opportunity to ask questions about the dental procedure(s), risks, benefits, and alternatives.
I consent to the proposed dental treatment(s) as described above.

Patient/Guardian Signature:

Date: