

Dental Exam Consent Form Sample

A **dental exam consent form sample** provides a clear template for obtaining patient permission before routine dental examinations. It ensures that patients understand the procedures, risks, and benefits involved in the dental checkup. Using this form helps dental professionals maintain compliance and promote transparent communication.

Patient Information

Full Name:

Date of Birth:

Contact Number:

Consent for Dental Examination

I hereby authorize the dental professionals at [Dental Practice Name] to perform a routine dental examination including, but not limited to, visual inspection, checking of teeth and gums, x-rays as needed, and discussion of findings and treatment options.

Potential Risks and Benefits

- Benefits: Early detection of dental issues, guidance on oral hygiene, prevention of advanced complications.
- Risks: Mild discomfort during examination, sensitivity during cleaning, minimal radiation exposure (x-rays).

Patient Acknowledgement

I acknowledge that I have read and understood the information above. All my questions have been answered to my satisfaction. I consent to the examination as described.

☐ I consent to the dental examination.

Patient/Guardian Signature:

Date:

Submit Consent