

Emergency Dental Treatment Consent Form Sample

The **emergency dental treatment consent form sample** provides a clear and concise template to obtain patient authorization for urgent dental procedures. This form ensures understanding of the treatment scope, potential risks, and patient rights. It is essential for maintaining legal compliance and facilitating effective communication between dental professionals and patients in emergency situations.

Patient Information

Name:

Date of Birth:

Contact Number:

Consent for Emergency Dental Treatment

I hereby authorize

Dentist's Name

 and their team to perform necessary emergency dental procedures, including examination, x-rays, anesthesia, tooth extraction, and any other treatment deemed necessary for my care.

I understand the nature and purpose of the emergency procedure, the risks involved, as well as alternative options explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

☐ I have read and understood the above information and consent to emergency dental treatment.

Signature

Patient/Guardian Signature:

Date:

Submit Consent