

Informed Consent Form for Dental Procedures

This **informed consent form** outlines the nature and purpose of the dental procedure(s) to be performed. Please read this document carefully, ask any questions you may have, and sign below to acknowledge your understanding and agreement.

Patient Information

Name: _____

Date of Birth: _____

Contact Number: _____

Description of Procedure

I understand that I will undergo the following dental procedure(s):

Risks and Complications

I have been informed of the potential risks and complications, which may include (but are not limited to):

- Pain, swelling, or discomfort
- Infection or bleeding
- Nerve injury or numbness
- Damage to adjacent teeth or gums
- Possible need for additional treatment or surgery

Benefits

The expected benefits of this procedure include (but are not limited to):

- Improved oral health
- Relief from pain or discomfort
- Restoration of function and aesthetics

Alternatives

I have been informed of alternative treatment options, which may include:

- No treatment
- Alternative dental procedures
- Referral to a specialist

Questions

I have had the opportunity to ask questions regarding the procedure, risks, benefits, and alternatives. My questions have been answered to my satisfaction.

Consent

I acknowledge that I have read and fully understand the information provided above.

Patient's Name: _____

Signature: _____

Date: _____

Dentist's Name: _____

Signature: _____

Date: _____