

General Consent Form for Dental Procedures

This **general consent form sample for dental procedures** ensures that patients understand and agree to the treatments being proposed. It outlines the potential risks, benefits, and alternatives before any dental work begins. This form protects both the patient and dental professionals by clearly documenting informed consent.

Patient Information

Name:

Date of Birth:

Contact Information:

Procedure Information

Proposed Procedure(s):

Risks, Benefits, and Alternatives

I acknowledge that the nature and purpose of the proposed treatment(s), along with the possible risks, benefits, and alternatives, have been explained to me. I understand that no guarantee or assurance has been made as to the results that may be obtained.

☐ I have had an opportunity to ask questions and all of my questions have been answered satisfactorily.

Consent

I hereby consent to the dental procedures proposed by my dentist and authorize the performance of such procedures as may be deemed necessary or advisable in the judgment of my dentist. I understand that I have the right to refuse treatment at any time.

☐ I confirm that I understand and agree to the above information and consent to the proposed dental procedures.

Patient/Guardian Signature:

Date:

For Dental Office Use Only

Dentist Signature:

Date:

Submit