

Dental Surgical Procedure Consent Form

This **Dental surgical procedure consent form** sample ensures patients are fully informed about the risks and benefits before undergoing treatment. It clearly outlines the procedure details and obtains formal agreement to proceed. Using a standardized consent form protects both the patient and the dental practitioner legally and ethically.

Patient Information

Name: _____
Date of Birth: _____
Contact Number: _____

Procedure Details

Procedure Name: _____
Description of Procedure: _____
Date of Procedure: _____
Practitioner: _____

Risks & Benefits

I understand that, as with all dental procedures, there are certain inherent risks and complications, including but not limited to:

- Pain, swelling, and bruising
- Infection
- Prolonged bleeding
- Nerve injury
- Adverse reactions to anesthesia or medications
- Possibility of additional procedures

Benefits: The aims of this procedure include resolving dental issues, improving oral health, and preventing further complications.

Alternative Treatments

I have been informed of alternatives to this procedure, including:

Patient Declaration

I hereby acknowledge that I have read and understood the information regarding the dental surgical procedure. I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I hereby consent to the procedure described above.

Patient Signature: _____ Date: _____
Witness Signature: _____ Date: _____
Practitioner Signature: _____ Date: _____