[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Dental practice consent form

Informed consent for dental treatment.

Parties

Practice: _____

Patient: _____

Treatment

Treatment: _____

Date: _____

Dentist: _____

What you are consenting to [Describe the treatment in plain language]

- **Terms** The treatment, its purpose and what it involves have been explained to me.
- The benefits, risks (including [e.g. sensitivity, need for further treatment]) and alternatives have been discussed.
- I have had the chance to ask questions and am satisfied with the answers.
- I understand I can withdraw my consent at any time before treatment.

This is a general template, not legal advice. Check your local regulations for anything you are unsure about.

Sign-off

Patient: _____ **Dentist:** _____ **Date:** _____