



Dental Treatment Consent Form

Record patient agreement for dental procedures, risks, and after-care instructions

Patient Information

Patient Name: Patient name here

Date of Birth January 30, 2030

Gender: Details here

Address: 123 Anywhere St., Any City, ST

Contact Information **Phone Number:** 123-456-7890

Emergency Contact Emergency contact name here

Relationship to Patient Relationship here

Dental Treatment

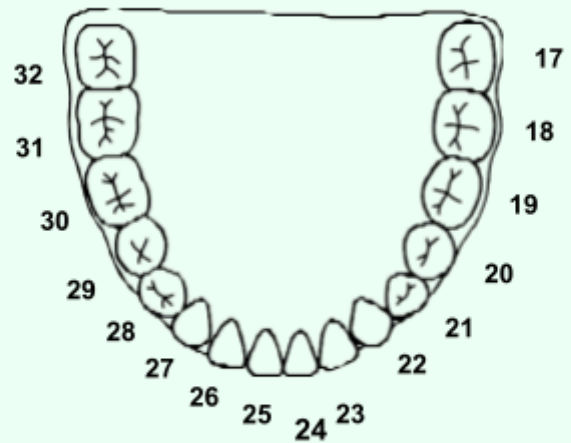
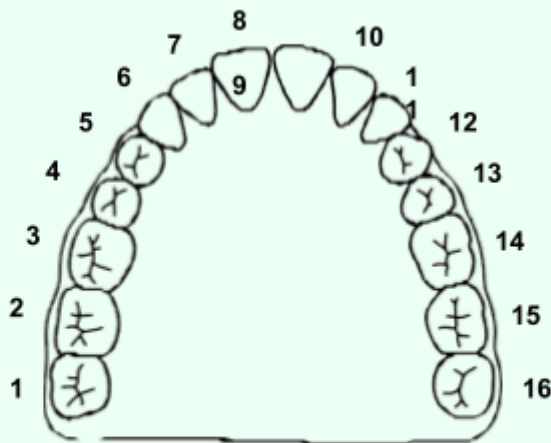
Ask the patient to review each section, initially where required, and sign at the end to confirm their consent. Remove all instructional notes before finalizing this form.

Work to be done

Describe the proposed treatment(s), including specific procedures such as:

- Fillings
- Bridges
- Crowns
- Extractions
- Add other procedures as needed
- Add other procedures as needed

Add a dental numbering chart here.



TIP: Double-click to edit this section.

Initial here:

Drugs and medications

Summarize any risks or effects of antibiotics, anesthetics, or other medications, including but not limited to itching, vomiting, redness, etc.

Initial here:

Changes in treatment plan

Explain that unforeseen conditions may require changes to the proposed treatment. Highlight that patients will be informed before proceeding.

Initial here:

Tooth removal

Mention possible alternatives (e.g., root canals). List also the risks involved and confirm that the patient authorizes the removal if agreed upon.

Initial here:

Crown, bridges, and veneers

Explain color-matching limitations and the use of temporary fittings. Include a statement that patients are responsible for reviewing the final fit, color, and appearance before the final placement.

Initial here:

Fillings and restorations

Note potential post-procedure sensitivity, the risk of further decay, and chewing precautions.

Initial here:

Root canal therapy

Include an acknowledgment that outcomes may vary and follow-up treatments may be required.

Initial here:

Dentures (full or partial)

Describe potential challenges such as soreness or looseness. Specify when design adjustments can be made.

Initial here:

Periodontal treatment

Explain the condition and treatment options here. Outline what the patient needs to do to maintain results.

Initial here:

Acknowledgment and consent

Add your clinic's final acknowledgement statement here. Confirm that the patient:

- Understands the procedure
- Has been informed of the risks and benefits
- Accepts that results are not guaranteed
- Has had the opportunity to ask questions

Signatures:

Patient signature: Date:

Parent/guardian signature (if applicable):

Date:

Credits

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