Meadow Lane Dental Practice

Dental practice consent form

Informed consent for dental treatment.

Parties

Practice	14 Oakfield Road, Birmingham B17 9JH
Patient	9 November 2026

Treatment

Treatment	Root canal treatment, ul6
Date	9 November 2026
Dentist	Sarah Mitchell

What you are consenting to

Describe the treatment in plain language as agreed at the meeting.

Terms

- The treatment, its purpose and what it involves have been explained to me.
- The benefits, risks (including 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