[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. Add or remove table rows to fit your needs. 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	[Practice name, address]
Patient	[Full name, date of birth]

Treatment

Treatment	[e.g. root canal treatment, UL6]
Date	[Date]
Dentist	[Name]

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