Consent form

Dental clinic

Business name

PATIENT DETAILS

Full name

Phone number

Email

Date of birth

I CONFIRM THAT

- ☐ I have answered the medical questions accurately and will report any change.
- ☐ The dentist explained the proposed treatment, the alternatives, the risks and the cost.
- ☐ I agree to local anaesthesia where needed.
- ☐ I can withdraw my consent at any time before the treatment.

I agree that the business keeps the information in this form to provide the service and for as long as the law requires. I can ask to see, correct or delete my data at any time.

Patient signature

Specialist signature

Date

Template from agendessa.com. A starting point, not legal or medical advice.