



Informed Consent Form:

Patient Name: _____

Date: _____ Time: _____

I hereby authorize Dr. _____ and his/her associates to perform the following procedure (s):

Dr. _____ has fully explained the benefits, risks, and prognosis of the proposed treatment including possible complications, as well as not getting the proposed treatment.

Dr. _____ also discussed other treatment options and alternatives.

I understand that during the course of treatment, unforeseen conditions may arise and may necessitate further procedures and/or deviation from the initial treatment plan, therefore I consent to the performance of additional procedures that Dr. _____ consider necessary to complete the treatment plan.

I also understand that due to the nature of any dental treatment, there are no guarantees/warranties.

All my questions have been answered to my satisfaction.

I understand my financial obligations, and that I am responsible for all fees regardless of insurance coverage, unless prior arrangements have been made.

I confirm that I have read and understood all of the above and all the blank spaces have been completed prior to my signing.

I hereby consent to the proposed treatment plan.

Patient _____ Date: _____

Interpreter (If needed) _____ Date: _____

Witness: _____ Date: _____

Any publications or forms on this website are for informational and educational purposes only. Nothing contained within this website or on any publications or forms found therein is intended to be legal or dental advice. Accordingly, Dentists Choice makes no representations regarding the correctness or completeness of the aforementioned content and accepts no liability for any injury or damage that may arise from its use by persons viewing this website. Any person viewing this website should direct any specific legal or dental questions to a competent attorney or dental professional. In addition, the information contained within this website or on any publications or forms found therein may contain or refer to matters which are outside the scope of your insurance policy, and such information and materials do not create or imply the existence of coverage. Every insured should consult its insurance policy for the specific terms and conditions of coverage.

Dentist Certification:

I Certify that I have explained the above proposed treatment including risks, benefits, alternative treatment options, as well as the consequences of no treatment. I have answered all the patient's questions to her/his satisfaction and believe that the patient fully understands what I have explained.

Dentist: _____ Date: _____

Any publications or forms on this website are for informational and educational purposes only. Nothing contained within this website or on any publications or forms found therein is intended to be legal or dental advice. Accordingly, Dentists Choice makes no representations regarding the correctness or completeness of the aforementioned content and accepts no liability for any injury or damage that may arise from its use by persons viewing this website. Any person viewing this website should direct any specific legal or dental questions to a competent attorney or dental professional. In addition, the information contained within this website or on any publications or forms found therein may contain or refer to matters which are outside the scope of your insurance policy, and such information and materials do not create or imply the existence of coverage. Every insured should consult its insurance policy for the specific terms and conditions of coverage.