



## INFORMED CONSENT

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Agreed treatment, Phase \_\_\_\_\_

Consents attached \_\_\_\_\_

After careful oral examination, diagnosis and treatment planning my dentist has advised me that I need dental treatment as specified on the attached Findings & Recommendation report. I hereby acknowledge that the purpose of my dental treatment, possible alternatives, risks, and possible complications have been explained to me. I understand that every reasonable effort will be made to ensure that my condition is treated properly, although it is not possible for any dentist to guarantee perfect results. I have been advised that due to unforeseen circumstances, my dental needs could change during a procedure which would alter my treatment plan and that I would be informed before additional procedures were done. I have discussed my medical history and disclosed all diseases, medications taken and any drug reactions with my dentist.

At the consultation, the nature of the recommended procedures, including the benefits, risks, alternatives, and the consequences of not having the treatment, were again detailed by the consultant. We reviewed and discussed the informed consent for each procedure. I was given the opportunity to ask all of my questions and they have been answered to my satisfaction in terminology I understand. I authorize my signature on this form to represent and acknowledge equal consent on the informed consents related and attached. I have received a copy of this form and the entire package of aforementioned Informed Consents. This comprehensive information has enabled me to make an educated decision for treatment that is inkeeping with my lifestyle and appropriate for my circumstances.

I hereby request, authorize and consent DR. SUTTON, his associates and assistants to perform the treatment as described above.

\_\_\_\_\_  
Patient's Signature (parent or legal representative's signature) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Dentist's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_