Dental Treatment Consent Form

Date: _____

Patient Name: _____

Address: _____

Phone Number: _____

Email: _____

Procedure Details

I, _____ (Patient Name), hereby consent to the following cosmetic dental treatments:

- Teeth Whitening
- Veneers
- Dental Implants
- Orthodontic Treatment

Risks and Benefits

I understand that every treatment carries its own risks and benefits, including but not limited to:

- Temporary discomfort or sensitivity
- Possible allergic reactions
- Changes in bite or jaw alignment

Patient Acknowledgment

I acknowledge that I have had the opportunity to ask questions regarding the dental treatments and that I have received satisfactory answers. I understand the nature of the treatment, its purpose, risks, and potential complications.

By signing below, I consent to the proposed dental treatment.

Patient Signature: _____

Date: _____

Dentist Information

Practitioner Name: _____

Practice Name: _____

Contact Information: _____