

Dental Treatment Consent Form

Date: _____

Patient Name: _____

Address: _____

Phone Number: _____

Procedure Description:

I, the undersigned, hereby give my consent for the periodontal treatment that has been explained to me, including scaling, root planing, and any other necessary procedures. I understand that this treatment is intended to improve my gum health and overall oral hygiene.

Risks and Benefits:

I acknowledge that the possible risks and complications have been explained to me, including but not limited to discomfort, bleeding, or infection. I also understand the potential benefits associated with this treatment.

Alternatives:

I have been informed about alternative treatments or procedures, including the option to forego treatment.

Consent:

By signing below, I confirm that I have read and understood the information provided, and I consent to the proposed periodontal treatment.

Signature: _____

Date: _____

Provider Name: _____

Provider Signature: _____