

Written Consent Form

CONSENT TO DENTAL PROCEDURE

I have been explained in detail, that I will be undergoing... Root canal treatment (Tooth # 7)

I [Redacted] (Age/Sex. 13y / F)
(Name of Patient in block letters)

hereby consent to the performance of, and understand the nature, risks, and possible outcomes of the above procedure. The doctor who performs the above procedure may carry out additional steps if required during above procedure.

[Redacted]
Signature of patient/legal guardian

21-07-2015
Date

I have explained the nature, risks, and possible consequences of the dental procedure to the undersigned patient or his/her legal guardian.

[Signature]
*Signature of Doctor

966531485844
PH no.

21/07/2015
Date

*Name of Doctor :

[Signature]
Signature of Witness

21-07-2015
Date

Name of Witness:

[Redacted]