



Patient Consent

Before embarking upon any dental or surgical procedure it is important that you understand the alternative options, risks and possible complications of the procedure. These would normally be explained to you through face to face or online consultations, written letters and printed or other visual information.

If there is any aspect of your care that you would like further information about, or if you are unclear about any of the information given, we would invite you to please ask us. We are more than happy to answer your questions.

Patient Declaration

Proposed treatment:

I confirm that the nature and cost of my treatment together with the alternatives, risks and possible complications have been explained to me.

I understand that both smoking and failure to maintain high levels of dental hygiene significantly increase the risk of dental implant failure.

I also confirm that I have been given an opportunity to ask questions about my treatment.

Patient name _____

Patient signature _____

Date _____

Dentist signature _____