

Dental Technicians Board
Provided to comply with Consumer Guarantee Act 1994

INFORMED CONSENT

PRACTITIONER'S STAMP

PATIENT'S NAME

PATIENT'S ADDRESS

Proposed treatment

.....

.....

PRACTITIONER'S STATEMENT

I certify that I have explained to
the implications of the dental treatment above.

Practitioner's Signature..... Date

PATIENT'S AUTHORIZATION FOR DENTAL TREATMENT

I..... accept the advice of
and I agree I have received a reasonable explanation of intent, alternatives, risks and likely
outcomes of the operation/anaesthetic/treatment of

.....

and I request that this be carried out on myself/my.

.....
DATE PATIENT'S SIGNATURE

If patient is under 18 years of age:
NAME OF PARENT/GUARDIAN

Please print

SIGNATURE OF PARENT/GUARDIAN

State which

PRACTITIONER PROVIDING TREATMENT

PRACTITIONER'S SIGNATURE