

Dental Care Informed Consent Statement

I, the undersigned patient, hereby authorize and consent to dental examination, diagnostic procedures, and treatment that may be deemed necessary or advisable by the attending dentist.

- I have been informed of the nature and purpose of the proposed dental procedures.
- The possible risks, complications, and expected benefits have been explained to me.
- I understand I have the right to ask questions and receive satisfactory answers regarding my dental treatment.
- I am aware that I can decline treatment at any time.

By signing below, I acknowledge that I have read and understand the information above, and I voluntarily give my informed consent for dental care.

Patient Name:

Date:

Signature: