



PATIENT CONSENT FORM
(WITHOUT SEDATION)

Name of Patient :

Address.....
.....

Name of accompanying adult :

Relationship to child :

I, [insert parent/legal guardian name] hereby consent, that the following dental treatment be carried out for [patient name], and that this will be explained to the accompanying adult by the dentist on..... [insert date].

Dental Examination (check-up)	
Radiographic Examination	
Fluoride Application	
Filling with local anaesthetic	
Filling without local anaesthetic	

Should the clinician prescribe any other types of treatment, i.e. extractions, we would request that the adult with parental responsibility attend these treatment appointments.

Signature : _____ Date : «general.date»

«patient.firstname» «patient.lastname»
(Parent or Legal Guardian)