

**Figure 2. SAMPLE: Informed Consent\***

<b>General Informed Consent for Dental and Dental Hygiene Practice</b>		
Patient Name: _____		Date: _____
<b>Proposed Treatment</b>		
<input type="checkbox"/> Radiographs	<input type="checkbox"/> Intraoral Pictures	<input type="checkbox"/> Comprehensive Periodontal Evaluation
<input type="checkbox"/> Oral Assessment	<input type="checkbox"/> Oral Cancer Screening	<input type="checkbox"/> Fluoride Treatment
<input type="checkbox"/> Dental Hygiene Prophylaxis	<input type="checkbox"/> Periodontal Maintenance	<input type="checkbox"/> Periodontal Reevaluation
<input type="checkbox"/> Subgingival Irrigation	<input type="checkbox"/> Local Anesthesia	<input type="checkbox"/> Tooth Whitening
<input type="checkbox"/> Dental Sealants	<input type="checkbox"/> Oral Hygiene Instructions	
<input type="checkbox"/> Restorative Procedure(s): (Specify below)	<input type="checkbox"/> Extractions	<input type="checkbox"/> Laser Therapy
<input type="checkbox"/> Periodontal Surgery: (Specify below)	<input type="checkbox"/> Oral Surgery/Biopsy	<input type="checkbox"/> Other: (Specify below)

  

1. My dental professional informed me of my diagnosis.
2. He/she has fully explained the procedures/treatment and the purpose of them.
3. The dental professional has informed me of the alternatives to treatment.
4. I understand the risk, benefits, and reason(s) for the proposed treatment and treatment alternatives.
5. It has been explained that during the course of treatment unforeseen conditions may be discovered that might require changes in the procedures recommended. I authorize my dental professional to use his or her judgement and perform procedures deemed necessary.
6. All of my questions have been satisfactorily answered.
7. I understand that it is my responsibility to maintain optimal homecare and maintenance interval, as recommended by my dental professional.

\_\_\_\_\_ I consent to the proposed treatment

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinician: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

\*Created 2017 by Kristen Stephens, RDH, MS