Consent for Treatment

Urban Dental Clinic | KN 2 St, TCB Building, Kigali | +250 788 200 723

Proposed treatment

Procedure: _____

Tooth / area: _____

Estimated cost: _____

What you are agreeing to

The dentist has explained the treatment, the alternatives and the option of no treatment.

Possible risks such as swelling, sensitivity, bleeding or infection have been discussed.

I may ask questions or stop treatment at any point.

Signatures

Patient / guardian: _____ Date: ____ / ____ / _____

Dentist: _____

Sample form — final version will be provided by the clinic.