

Consent for Treatment

Procedure:

I, acknowledge that Dr
and I have discussed treatment for (Child if applicable)

- I consent to the procedure described above
- I understand the explanation the doctor has given me as to the need, benefit, risks and complications related to this procedure
- I have had the opportunity to ask questions and these have been answered in a way that I understand, by my doctor above.
- I have been given, and understand the following where applicable, which explains the Procedure and the risks involved:

- Information Sheets
- Information Brochure
- Estimate for treatment

Patient Name:
Print Name

Parent/Carer/ Guardian Name (if applicable)
Print Name

Signature: **Date:**/...../.....