



# Coral Dental Sedation and Anxiety Centre

## Patient Consent to Dental Treatment:

Full Name:.....

Date of Birth.....

Address.....

.....

..... Post Code.....

Gender: Male..... Female.....

I hereby consent to:

Fillings:

Extractions:

Other :

I also agree to such further or alternative operative measures as may be necessary during the course of treatment.

**No assurance has been given me that the treatment will be carried out by any particular dental surgeon.**

I confirm that the nature and effect of this treatment has been explained to me and that I have received read and understand the information sheet.

Signature..... Date.....

Patient/Parent/ Guardian (delete as applicable)

I confirm that I have explained the procedure and possible complications.

Signature..... Date.....

Dentist