

**Roseville Smiles Family Dentistry
INFORMED CONSENT DISCUSSION**

Patient name: _____ **Date:** _____

DIAGNOSIS: _____

Proposed treatment plans

a. *Benefits, not limited to the following:* _____

b. *Risks, not limited to the following:* _____

Alternative treatment plan

1. _____

a. *Benefits, not limited to the following:* _____

b. *Risks, not limited to the following:* _____

2. _____

a. *Benefits, not limited to the following:* _____

b. *Risks, not limited to the following:* _____

Consequences of not performing treatment, not limited to the following

Every reasonable effort will be made to ensure that your condition is treated properly, although it is not possible to guarantee perfect results. By signing below, you acknowledge that you have received adequate information about the proposed treatment, that you understand this information and that all of your questions have been answered fully.

- I give my consent for the proposed treatment as described above.**
- I refuse to give my consent for the proposed treatment as described above.**
- I have been informed of the potential consequences of my decision to refuse treatment.**

Patient's Signature

Date

I attest that I have discussed the risks, benefits, consequences, and alternatives to _____ with _____ (patient's name) who has had the opportunity to ask questions, and I believe my patient understands what has been explained.

Dentist's Signature

Date

Witness' Signature

Date