VERITAS

CONSENT FORM FOR DENTAL PROCEDURE(S)

Patients Name : .....
Patients Address : .....
.....
NIC No :.....
1. I hereby authorize .....
(The Doctor) and his/her associates at VERITAS to perform the following procedure(s) upon me:
2. Procedure : .....
.....
3. The Doctor has fully explained to me the purpose of the procedure(s) and has also informed me of expected benefits and complications (from known & unknown causes), attendant discomforts and risks that may arise, as well as possible alternatives to the proposed treatment, including no treatment. The attendant risks of no treatment have also been discussed. I have been given an opportunity to ask questions, and all my questions have been answered fully and satisfactorily.
4. I understand that during the course of the procedure(s), unforeseen conditions may arise, which necessitate procedures different from those contemplated. I, therefore, consent to the performance of additional procedure(s) that the above-named Dentist or his/her associates may consider necessary.
5. I acknowledge that no guarantee or assurances have been made to me concerning the results intended from the procedurals.
6. I confirm that I have read and fully understand the above and that all blank spaces have been completed prior to my signing.

Patient / Relative / Guardian Signature: _____
Date:
Patient Name:
_____
Relationship (if signed by person other than patient): _____
Dentist Certification:
I hereby certify that I have explained the nature, purpose, benefits, risk, and alternatives to (including no treatment and attendant risks of the proposed procedure/s). I have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.
Dentist's Signature: _____
Date: _____ / _____ / _____

+9471 218 2222
contact@veritascosmetic.com
398, Peradeniya Road, Kandy, Sri Lanka.
www.veritascosmetic.com