



**DENTAL CLINIC  
UNIVERSITY HEALTH CENTER  
UNIVERSITI PUTRA MALAYSIA**

**CONSENT FOR SURGERY**

I..... Matric No/ Staff No/ IC No.....

Address.....

Hereby consent;

- To undergo the surgery/ treatment of.....
- To the submission of.....(name of patient)  
to the surgery/ treatment of.....  
the nature and effect of which have been explained to me by Dr.....

I also consent further or alternative extraction measures or treatment as may be found necessary during the course of the surgery/ treatment and to the administration of general, local or other anaesthetics for any of these purposes. I further consent to any disposition deemed proper by the staff of University Health Centre of the parts and tissues removed in the process of performing such procedures.

No assurance has been given to me that the surgery/ treatment will be performed or administered by any particular doctor.

Date: .....

Signature:.....  
(Patient/ Parent/ Guardian)

I confirm that I have explained to the patient the nature and effect of the above mentioned surgery/ treatment.

Date: .....

Signature:.....  
(Dental Officer)