



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

CONSENT FOR DENTAL TREATMENT

I,.....
 Matric No. / Staff No./ IC No./ Passport No.
 Address

Hereby consent,

- To undergo treatment/ surgery of
- To the submission of(name of patient)
to undergo treatment/ surgery of

The nature, purpose and risk of which have been explained to me by Dr.....

I declare that I am over 18 years of age.

I agreed and understood the nature, purpose and risk of treatment/ surgery that have been explained to me and the result/ outcome of the treatment/ surgery cannot be guaranteed.

I also consent to such further or alternative treatment/ surgery measures as may be found necessary prior to, during the course of the treatment/ surgery and to the administration of general, local or other anaesthetics for any of these purposes.

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

Signed:
 *(Patient/Parent/Guardian)
 Relationship:
 Date:

Reminder:

- Please clarify relationship if parents/ guardian give consent under the signed

I hereby declare that I have explained in detail regarding the case to the *patient/ parents/ guardian including the nature, purpose and risk of the treatment/ surgery to be performed. I have answered all his/her queries to his/her satisfaction in a language that patient could understand.

Date: Signed & stamp: