**SAMPLE TREATMENT CONSENT FORM**

Thank you for consulting with Dr *<<doctor’s name>>* about your proposed <<*set our details of treatment/procedure e.g. Root Canal Therapy etc*>> (**Procedure**).

This form outlines the information that Dr *<<doctor’s name>>* has provided to you about the risks and benefits of the Procedure and to assist you in making an informed decision about the Procedure.

By signing this form you confirm that Dr *<<doctor’s name>>* has provided you with relevant information about the Procedure and you agree to Dr *<<doctor’s name>>* performing the Procedure.

***Diagnosis of Condition***

Dr *<<doctor’s name>>* has explained that you have the following condition:

<<*Insert condition requiring treatment*>>.

This condition requires Dr *<<doctor’s name>>* to undertake *<<insert details of relevant procedure e.g. Root Canal Therapy>>*.

***Procedure***

The Procedure will be performed on the following teeth *<<describe patient’s teeth>>.*

*<<Describe relevant procedure e.g. Root Canal Therapy>>* involves the following:

*<<Describe relevant procedure e.g. Root Canal Therapy is a sequence of treatments for a tooth, intended to eliminate infection and to protect the decontaminated tooth from future microbial invasion and fracture>>*.

The success rate of the Procedure will depend upon a number of factors which are variable and individual to each case. There is no guarantee that all *<<insert name of condition>>* will respond to *<<insert name of Procedure>>*.

The Procedure will require approximately *<<number of appointments>>* appointment/s.

There may be occasions where it may not possible to complete the *<<insert name of Procedure>>* in *<<number of appointments>>* appointment/s. This usually occurs when something unexpected arises during the Procedure, or if the Procedure has unexpected effects on you. In that event, additional procedures, treatment or investigation may be required which may incur further costs.

***Alternative treatment options/procedures***

Dr *<<doctor’s name>>* has discussed the following alternative treatment options/procedures, namely:

*<<Insert details of alternative treatment options/procedures discussed>>*.

***Acknowledgement***

By signing this form, you acknowledge that:

* you have received a Proposed Treatment Plan, outlining the stages required for the Procedure and an estimated cost of each stage of the Procedure; <<*Delete this if not relevant*>>
* you have received a Proposed Treatment Plan and an estimated cost of the Procedure; *<<Delete this if not relevant>>*
* Dr *<<doctor’s name>>* has provided you with information identifying common risks, complications and effects associated with the Procedure, as well as information identifying risks, complications and effects associated with the Procedure that may be specific to you (as summarised in the ***attached*** form titled ‘*Risks, Complications and Effects of the Procedure*’);
* you have discussed the risks and complications associated with the Procedure with Dr <<doctor’s name>> and you have been given the opportunity to ask him questions about these potential risks, complications and effects;
* you understand the consequences should any of the risks, complications or effects referred to above arise;
* Dr *<<doctor’s name>>* has discussed with you the various options relating to how the Procedure may be performed and the costs of the Procedure;
* Dr *<<doctor’s name>>* has explained to you the risks of not having this Procedure;
* you have had sufficient time to consider the information provided to you by Dr *<<doctor’s name>>*,to discuss it with friends, family and/or professional advisors and to make a decision about the Procedure before signing this form;
* further procedures, treatment or investigation may be required if something unexpected arises during the Procedure or if it has unexpected effects on you, and that this will involve additional cost to you;
* no guarantee has been provided to you in relation to the success of the Procedure, even though it will be carried out with due professional care;
* the Procedure may be performed by a doctor other than Dr *<<doctor’s name>>* and you consent to that other doctor performing the Procedure;
* you have a right to change your mind about undergoing the Procedure at any time - even after you have signed this form. In that event, you acknowledge that you may be responsible for costs incurred in cancelling the Procedure, particularly where you have given less than 24 hours’ notice to do so;
* the information in this form is not intended to be a substitute for direct communication between Dr *<<doctor’s name>>* and yourself; and
* you have read and understood the further documents attached to this form.

***Consent***

By signing this document you confirm that based on the information that Dr *<<doctor’s name>>* has provided to you as outlined in this form that you have a full understanding of the potential risks, complications and effects arising out of the Procedure and that you consent to the Procedure.

Date of signature:

|  |  |  |
| --- | --- | --- |
| Patient name |  | Patient signature |

|  |  |  |
| --- | --- | --- |
| Name of parent/guardian (if applicable) |  | Signature of parent/guardian (if applicable) |

|  |  |  |
| --- | --- | --- |
| Doctor’s name |  | Doctor’s signature |

**Attachments**

1. Proposed Treatment Plan
2. Risks, Complications and Effects of the Procedure
3. Alternative Treatment Options and Costs of Such Options
4. *<<Insert any additional documents provided e.g. diagrams or any other information>>*