



Peninsula Dental Social Enterprise (PDSE)

Consent form Peninsula Dental School

Version 1.0

Date approved: October 2016

Approved by: The Board

Review due: October 2019



PENINSULA DENTAL SOCIAL ENTERPRISE

CONSENT FORM

Name of patient:DOB:.....

Address:.....

Name of procedure or treatment (including brief explanation if dental term not clear):

.....
.....

Statement of health professional (To be filled in by health professional with appropriate knowledge of proposed procedure).

I have explained the procedure to the patient/parent. In particular, I have explained:

The intended benefits.....

.....

Significant, unavoidable or frequently occurring risks.....

.....

.....

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of those involved.

Clinical supervisor (signature).....

Name (print).....

Student (signature).....

Name (print).....

Statement of patient/person with parental responsibility

I agree to the procedure described above.

I understand that the procedure will/will not involve local anaesthesia.

Signature:.....Date.....

Name (print):.....Relationship to patient.....

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient/parent to the best of my ability and in a way which I believe they can understand.

Signed.....Date.....

Name (print).....