

### Informed Consent for Medical Examination and Treatment Procedure

Patient's name:.....

Date of Birth:.....

Name of Examination or Description of Treatment Procedure for which Written Consent is Required

.....

I declare that I have explained to the patient (or legal guardian) the nature and benefits of the medical examination/treatment procedure in a manner that I believe was understandable to them. I have also informed them about the anticipated success of this procedure and the possible common complications, particularly the following risks: bleeding, infection, defect, deformity, delayed healing – alveolitis, impaired function, nerve dysfunction.

I have informed the patient (or legal guardian) about possible alternatives to the proposed examination/treatment procedure, potential issues that may arise during recovery, and the consequences of refusing the procedure.

Physician:.....

Date:.....Signature and Stamp:

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### Patient/Legal Guardian Statement

Patient (Title, Full Name): .....

I, the undersigned patient/legal guardian, declare that the physician has clearly informed me about the nature of the above-stated medical procedure. I have also been informed about some of the potential risks and complications associated with this procedure. Additionally, the informing physician has explained the anticipated success rate of the procedure, possible alternatives, and the consequences of not undergoing the procedure. I have been informed about potential issues during recovery. I had the opportunity to ask further questions, and all my questions, if any, were fully answered.

Based on this information, I declare that I agree / disagree:

- With the above-stated medical procedure/treatment.
- That any additional procedure may be performed if its omission would immediately endanger my (the patient's, in the case of a legal guardian's signature) health.

Date:..... Patient's (Legal Guardian's) Signature.....

#### Information for Patients

The physician's primary interest is to help the patient. The physician will explain the nature of the procedure/treatment and inform the patient of possible alternatives. You are encouraged to ask any additional questions. You have the right to refuse the proposed treatment/examination.