

Patient Authorization and Consent for Dental Treatment

Ti Dental
#708 6455 Macleod Trail SW
Calgary, AB
T2H 0K8

Patient Understanding:

1. I am of legal age and qualified to give voluntary consent to have dental treatment performed by the dentist and dental staff.
2. I completely understand the purpose of the prescribed dental treatment including any possible risks, complications, and alternative care, including no treatment.
3. I consent to the application and administration of the appropriate anesthetic agents and medications that may be deemed necessary for the treatment.
4. I am fully aware of and consent to changes that may occur during the treatment that are dictated by clinical condition.
5. I acknowledge that no guarantees/assurance of outcome of any treatment can be made by the dentist and dental staff.
6. I understand emergency treatment is for my immediate/specific problem and should not be regarded as a complete (thorough) examination of my mouth and dental needs. Only the one immediate issue is addressed.
7. I authorize and request the performance of procedures as indicated by the dentist and dental staff.
8. I understand that the laws of the Province of Alberta will govern this Consent to Treatment.
9. I certify that I have provided an accurate and complete medical history and have not knowingly omitted any information. I give this office permission to obtain and release any personal medical information to and from my other health-care providers. I understand it is my responsibility at each visit to inform this office of any changes to my medical status.
10. I acknowledge and agree to be responsible for payment of all services rendered on my behalf or my dependants.
11. I have read and understand all of the above statements and agree to proceed in good faith.

Patient and/or Legal Guardian Signature

Date

Dentist Signature

Witness Signature