

Written informed consent

Dental Filling

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for Dental filling in relation to the tooth numbered ----- and I have been explained about the procedure in detail including drilling of the tooth to remove the decay and placement of a Dental filling and if not treated, decay can progress and cause pain and infection.

The options for dental filling materials were discussed and finalised with me. I have been explained the possibility of exposing the pulp (nerve of the tooth) while removal of the decay and developing pain at a later date when decay removal is close to the pulp (nerve of the tooth) and in such a case the need to undergo root canal treatment has been explained.

Post-operative squeal like pain and sensitivity for few days have been explained.

I hereby agree to undergo the Dental filling and agree to follow-up with the doctor as per his/her advice.

Date:

signature of the patient:

Time:

signature of the patient attendant:

Signature of the Doctor with seal: