

Written informed consent

Pulp Capping Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the deep decay in the tooth numbered -----and the need for filling to heal the nerve of the tooth.

I have been explained about the procedure in detail including injection of the local anaesthesia, drilling of the tooth to remove the decay and filling of the tooth

Post-operative sequels like pain and sensitivity for few days have been explained. If not treated, chances of the tooth infection are also explained.

I hereby agree to undergo the procedure 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: