

## Written informed consent

### Splinting of Teeth Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for splinting of the teeth in relation to the teeth numbered -----.

I have been explained about the position or condition of the rest of the teeth and the teeth to be splinted. Post operatively the risk of detachment of the wire used for the splinting and the need for reattachment has been explained in detail.

The need maintaining good oral hygiene and frequent oral prophylaxis from the dentist has been discussed.

I hereby agree to undergo the splinting of the teeth 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: