



TOOLKIT 14 · AMBULATORY CLINIC & DENTAL · TOOL 6 OF 6

Consent for a Clinic or Dental Procedure — Form and Record

One page: what, why, the alternatives, the risks that matter, the questions asked, the signature — and the interpreter line

Patient: name · DOB · ID no.	
Procedure (plain words) and site / tooth	
Why it is recommended — the expected benefit	
Risks — common (e.g. pain, swelling, bruising, infection) and serious but rare (e.g. nerve injury, allergic reaction) — list the ones that matter for this patient	
Alternatives, including doing nothing, and what happens then	
Anaesthesia or sedation planned	
Questions the patient asked, and the answers	
The patient explained back the procedure, its main risks and the alternatives in their own words ☐ Interpreter used ☐ — name and mode: _____ Written information given ☐	

Patient / representative: I have had the procedure explained; my questions have been answered; I understand I can withdraw at any time; I agree to the procedure described above.

Patient or representative (name, relationship)	Signature	Date

Clinician: I have explained the procedure, the benefits, the risks and the alternatives in terms the patient understood, and answered their questions.

Clinician (name, role)	Signature	Date

ASF standards: Universal Floor — informed consent (means of verification: form in record; quarterly audit); Ambulatory Standard 4