Organisation name Site or unit		FORM Written treatment estimate and fee agreement	
Document ID	DEN-FRM-007	**Version**	1.0
Status	Blank form, to adapt	**Issue date**	
Review date		**Replaces**	
Owner		**Approved by**	
Signature			

Form · DEN-FRM-007 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 31.19

1. Purpose

Records the written estimate for planned treatment and the agreement to any change in fees.

2. How to complete

- Give the written estimate before treatment starts.
- Record the patient's agreement.
- Record any agreed change to the estimate in writing.

3. Checks

Check	Entry
Planned treatment and estimate	Yes
Patient agreement (signed)	Yes
Agreed change and reason	Yes
Final invoice matches estimate (yes or no)	Yes

4. Evidence

Reference	Note
E-009	Based on the CDC guidelines for infection control in dental health-care settings (Kohn et al., 2003), ISO 17665 for moist-heat sterilisation, the Minamata Convention on Mercury (2013), IAEA Specific Safety Guide SSG-46 (2018), Council Directive 2013/59/Euratom, and the ADA guidelines on sedation (2016).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

5. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

6. References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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