

CNA Sample Form: Discussion and Consent for Treatment

Patient's Name: _____ Date of Birth: _____
Last First Initial

I am being provided with this information and consent form so I may better understand the treatment recommended for me. Before beginning treatment, I wish to be provided with enough information, in a way I can understand, to make a well-informed decision regarding my proposed treatment.

I understand that I may ask any questions I wish, and that it is better to ask them before treatment begins than to wonder about it after treatment has started.

Nature of the Recommended Treatment

It has been recommended that I have the following treatment: _____

This recommendation is based on visual examination(s), on any X-rays, models, photos and other diagnostic tests taken, and on my doctor's knowledge of my medical and dental history. My needs and desires have also been taken into consideration.

The treatment is necessary because of:

- Pain Infection Periodontal (gum) disease Decay Broken Tooth/Teeth
 Other _____

The intended benefit of this treatment is: _____

The prognosis, or likelihood of success, of this treatment is: _____

My treatment is estimated to take _____ visits to complete, but I understand it could be shorter or longer based on what happens when treatment begins.

My treatment is estimated to cost \$_____. I understand this is only an estimate and that I will be informed as soon as possible if the cost estimate changes.

Alternative Treatments

The treatment recommended for me was chosen because it is believed to best suit my needs. I understand that alternative methods to treat my dental condition include: _____

No other reasonable treatment option exists for my condition.

_____ I have had an opportunity to ask questions about these alternatives and any other treatments I have heard or
Patient's Initials thought about, including: _____.

continued...

Risks of the Recommended Treatment

I understand that no dental treatment is completely risk free and that my dentist will take reasonable steps to limit any complications of my treatment. I understand that some after-treatment effects and complications tend to occur with regularity.

These include: _____

_____ I have had an opportunity to ask questions about these risks and any other risks I have heard or thought about.

Patient's Initials

Acknowledgment

I have provided as accurate and complete a medical and personal history as possible including antibiotics, drugs, or other medications I am currently taking as well as those to which I am allergic. I will follow any and all treatment and post-treatment instructions as explained and directed to me and will permit the recommended diagnostic procedures, including X-rays.

I realize that in spite of the possible complications and risks, my recommended treatment is necessary. I am aware that the practice of dentistry is not an exact science, and I acknowledge that no guarantees, warranties, or representations have been made to me concerning the results of the procedure.

I, _____, have received information about the proposed treatment. I have discussed my treatment with Dr. _____ and have been given an opportunity to ask questions and have them fully answered. I understand the nature of the recommended treatment, alternate treatment options, and the risks of the recommended treatment.

I wish to proceed with the recommended treatment.

Specialty Treatment Acknowledgement (if applicable)

_____ I understand that this procedure can also be performed by a _____
Patient's Initials (a dental specialist). I understand the risks and elect to have this procedure performed
by Dr. _____.

_____ I understand that if any unexpected difficulties occur during treatment, I may be referred to a _____
Patient's Initials for further care.

Signed: _____ Date: _____
Patient or Guardian

Signed: _____ Date: _____
Treating Dentist

Signed: _____ Date: _____
Witness

This sample form is for illustrative purposes only. Your clinical procedures and risks may be different than those described. We encourage you to modify this form to suit your individual practice and patient needs. As each practice presents unique situations and statutes may vary by state, we recommend that you consult with your attorney prior to use of this or similar forms in your practice.