Consent for Dental Treatment

Re: ____________________________________________  ____________________________________________
   (Home)                                      (Residents Name)

I, the person signed below, give consent for the following dental treatment, procedure or surgical
operation to be provided by an oral health professional (dentist, dental assistant, dental hygienist,
dental therapist and denturist as required):

The treatment is:

_____________________________________________________________________________________
_____________________________________________________________________________________

The nature, possible effects, risks and alternatives to this treatment have been explained to me. I
understand the explanation and the alternatives. A prescription for mild oral sedation may be
required prior to dental treatment. If necessary, I consent to the physician providing a sedation
prescription.

I consent to receiving anesthetic, and to the use of anesthetics as may be considered necessary. I
consent that the oral health providers may provide additional treatment if it is considered
immediately necessary. I also consent that the oral care providers may be assisted by other
oral/health care providers and that they may perform all or part of the treatment.

The collection of health and dental information is consistent with the requirements of our profession
and those of The Health Information Protection Act of Saskatchewan and the Personal Information
Protection and Electronic Documents Act of Canada. We acknowledge our duty and responsibility
to hold in confidence your personal health information gathered in the course of our professional
relationship.

I understand that it is my responsibility to pay for dental treatment.

I understand that if I have provided an email address that correspondence may occur through
email.

Signed: ___________________________________  Date: ______________________________
   (Resident or Responsible Party)

Print Name: ________________________________

Complete and sign the Consent for Dental Treatment and return to:

____________________________________
____________________________________
____________________________________

#3 01/2017