

# dentalessence Burgess Hill

## Consent Form

I, ..... Have read and understand the information provided to me by dentalessence (by Dr S Anand and Associates)

- Alternative options have been provided and explained
- I fully consent to proceed with the treatment plan
- A copy of this treatment plan and the costs involved has been provided to me

PLEASE NOTE THAT THIS QUOTE IS VALID FOR 6 MONTHS ONLY

I also consent to the photos that have been taken being used for presentation and advertising purposes

Patient Name: .....

Patient signature: .....

In the presence of:

Dental surgeon: .....

Nurse:  
.....

Date: .....