

dentalessence Worthing

Consent Form

I, Have read and understand the information provided to me by dentalessence Worthing (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: