

## Consent to implant treatment

This part of your treatment plan covers giving consent. You, as a competent adult have the right to give or withhold consent to the proposed treatment. We advise you to consider this in the comfort of your own home without any pressure from us or family members. Please make sure that you are not only informed about, but also understand every aspect of your treatment.

Do not hesitate to contact us should any part not be clear to you. It does not influence your right to withdraw from treatment at any stage in which case you will only be liable for the cost of the completed part of the treatment.

Although a verbal agreement is acceptable for consent we will expect you to sign one copy as acceptance and return it to us. The second copy of the treatment plan and consent form is yours to keep for your records.

Please take time and confirm the following:

I have read and understood the patient information leaflet as well as further recommended reading.  Yes  No

I was given enough information to make an informed decision and understand the purpose of the treatment.  Yes  No

I understand the nature of the treatment as well as the risks involved  Yes  No

I understand the consequences if I do not have the treatment.  Yes  No

I am aware of alternative treatment options, the consequences and risks thereof.  Yes  No

I understand the benefits of the treatment.  Yes  No

I am aware of the costs involved and when payments are due.  Yes  No

I understand that the treatment plan can change as the situation changes and it can lead to possible extra cost.  Yes  No

I understand my responsibilities before, during and after treatment. This also includes daily oral hygiene by myself and that continuous maintenance including replacing failing components is a possibility.  Yes  No

Signed

Date