

Written informed consent

Oral Prophylaxis Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for oral prophylaxis of the teeth.

I have been explained about the condition the teeth and gums of the teeth. Post operatively pain and sensitivity of the teeth for few days has been explained.

The chances of loose teeth falling off and visibility of the gaps in the teeth pst-operatively, at the places of alveolar bone loss has been explained.

The need maintaining good oral hygiene and regular oral prophylaxis from the dentist has been discussed.

I hereby agree to undergo oral prophylaxis for the teeth and agree to follow-up with the doctor as per his/her advice.

Date: _____ signature of the patient:

Time: _____ signature of the patient attendant:

Signature of the Doctor with seal: