INFORMATION AND AGREEMENT APPLICATION

Mr/Mrs/Ms…… Registered in dental council of Malaga with nº……....; has been required by Mr. Mrs. Ms……..……..…..for professional act. in odontology treatment named as……..
……..

By the present document, inform the patient the following:

1.- Nature of professional act. (what´s going to do)……...
……
2.- Objetives (what´s the reason to do it)…….
…….
3.- Benefits (what´s waiting with this Act)……
…….
4.- General Risks……
…….
5.- Collateral efects…….
..…….....…….
6.- Advices to follow in this situations……..
……..
7.- Counter indication…….....
…….
8.-Prescription…….
…….
9. Checkings……
……
10. how to act. in case of complication……..
……

In the same way, I inform you my entirely disposal of additional information, if you need and in your case that is……
……..
That´s why I inform you the following……...
……..
……..

In order to confirm, Mr,Mrs,Ms……..
Had been considerable inform of professional act. required, giving express agreement for it.

In Málaga……of……..of

Signed. (D)r,,,,,,,,,,,,,,,,,,,,,,,,,,,,……. Signed (patient)……..