

General Informed Consent

I, _____, consent to necessary diagnostic or preventive treatment provided by Dr. _____ including, but not limited to, diagnostic tests, cleanings, X-rays, exams, and any other procedure that is deemed necessary.

Patient Signature

Date

This sample document contains information that you may use or modify for your practice's needs. Your needs may vary based upon the laws in your state. This document does not constitute legal advice.