



INFORMED CONSENT

ENDODONTISTS

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I am in agreement with the treatment plan out of the options provided to me and discussed by my Endodontist. I am fully aware of the possible complications and the outcome success rate of the endodontic treatment as explained by my practitioner and as described in the "treatment information pamphlet". I understand the cost associated with this treatment and these costs will be due and payable at completion of each visit. Partial reimbursement may be available from my private health fund, submission of invoices is my responsibility. All my questions in respect of this treatment have been address by my practitioner.

Signature of Patient (or Guardian)

Printed Name of Patient

Date _____