

Poor prognosis concern form

I **Aakash** son/daughter ofaged 1 Y resident of **Maninagar** being under the treatment of (state here name of doctor/hospital/nursing home) do hereby give consent to the performance of medical/surgical /anesthesia/ diagnostic procedure of (mention nature of procedure / treatment to be performed, etc.) upon myself/upon **19 years** aged 1 Y who is related to me as (mention here relationship,e.g. son,daughter, father, mother, wife, etc.).

"We would like to inform you that the prognosis for the treating tooth is poor, significantly reducing its longevity. In the event of any further issues with this particular tooth, regrettably, we may be unable to preserve it."

Place :

Date : 04-22-2025

Time :13:02

Signature (To be signed by parent /guardian in case of minor):



NOTES :-

1. This Consent Form should be signed before the treatment is started. These formats may be modified as per individual requirements
2. These formats should be in local language and in certain cases it would be prudent to have a proper witness to the consent signature.
3. Informed consent forms for various situations can be made for Nursing Homes / Hospitals.Help of lawyers may have to be taken. Detailed forms on medical history can also be maintained. Keep all records safely in order.
4. It is important to note that written consent should refer to one specific procedure. Obtaining a 'blanket' consent on admission does not have legal validity.