



## Consent For Mujtaba Ahmad

I HEREBY GIVE PERMISSIONS TO \_\_\_\_\_ Dr Marlar Tun \_\_\_\_\_ B.D.S TO PERFORM  
THE FOLLOWING PROCEDURES AND SUCH ADDITIONAL PROCEDURES AS PER CONSIDERED NECESSARY ON THE BASIS OF FINDING  
DURING THE PROCEDURE:

AND/OR : \_\_\_\_\_

I CONSENT FOR THIS TO BE DONE WITH LOCAL ANESTHESIA / INTRAVENOUS SEDATION AND OR RELATIVE ANELGESIA (nitro oxide gas) AND  
OTHER MEDICATIONS LISTED BELOW:

A. \_\_\_\_\_ B. \_\_\_\_\_  
C. \_\_\_\_\_ D. \_\_\_\_\_

THE FOLLOWING ALTERNATIVE OPTIONS HAVE BEEN EXPLAINED TO ME:

THESE ALTERNATIVE METHODS OF TREATMENT ARE PRACTICAL AND POSSIBLE. BUT I HAVE CHOSEN THE TREATMENT MENTIONED ABOVE.  
I ALSO CERTIFY THE REASON WHY THE ABOVE NAME PROCEDURES CARRY CERTAIN COMMON INHERENT RISKS SUCH AS, BUT NOT  
LIMITED TO:

- A. POST-OPERATIVE PAIN AND SENSITIVITY
- B. TEMPOROMANDIBULAR JOINT PAIN AND TENDERNESS
- C. THE PLACEMENT OF ANY CROWN / BRIDGE / VENEER DOES NOT PREVENT ANY FURTHER DECAY OR FURTHER TREATMENT AT A  
LATER STAGE.
- D. THERE ARE RISKS INVOLVED IN ADMINISTRATION OF ANESTHETICS, ANALGESICS (PAIN MEDICATIONS) AND ANTIBIOTICS. THE  
ADMINISTRATION OF THESE DRUGS CAN BRING OUT AN ALLERGIC REACTION OR TRIGGER THE ONSET OF A PREVIOUSLY  
UNDIAGNOSED UNDERLYING SYSTEM CONDITION. IN THIS INSTANCE, REFERRAL AND FURTHER TREATMENT MAY BE REQUIRED BY  
A SEPARATE MEDICAL / DENTAL SPECIALIST OR EVEN HOSPITALIZATION.

I AM AWARE THE PRACTICE OF DENTISTRY IS A BIOLOGICAL PROCEDURE AND THEREFORE NOT EXACT SCIENCE. I ACKNOWLEDGE THAT  
NO GUARANTEES CAN BE GIVEN TO ME AS TO THE RESULT OF THE PROCEDURES AUTHORIZED ABOVE.

31.10.2018

R Selvo

DATE

NAME

SIGNATURE