

Written informed consent

Incision and Drainage Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for incision and drainage in relation to the tooth numbered -----and I have been explained about the procedure in detail including injection of the local anaesthesia, incision in the tissue, to drain the pus and securing the drain when required with sutures at the end of the procedure.

Post-operative sequels like pain and fever for few days have been explained. If not treated worsening of the infection and threat to life are explained.

I hereby agree to undergo the procedure and agree to follow-up with the doctor as per his/her advice.

Date:

signature of the patient:

Time:

signature of the patient attendant:

Signature of the Doctor with seal: