

## Written informed consent

### Space Maintainer Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the gap created by the removal of the milk tooth earlier than its natural time and the need for maintaining that gap with the prosthesis to facilitate the proper eruption the permanent tooth in that region.

I have been explained about the procedure in detail including the impression taking, processing of the prosthesis in the lab and fitment of the same later.

Post-operative sequels like discomfort, pain and sensitivity for few days have been explained. If not treated, chances of the permanent tooth not erupting properly are also 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: