

- » I confirm that the above treatment plan has been agreed and that I understand all the explanations I have received.
- » I have been informed about all aspects of the treatment so that I am aware of possible risks or likely complications and that there is no full guarantee or warranty that the treatment plan can be followed without any deviations from it.
- » I therefore understand that the planned rehabilitation might become a matter of re-evaluation and change.
- » Questions that I have asked concerning the treatment have been answered to my full understanding.
- » A patient information form dealing with pre- and post-operative instructions has been given to me.
- » I have understood all questions relating to my general health listed on the Health questionnaire and I have given accurate and correct answers to the best of my knowledge.
- » I declare that I can read and write in English.
- » I agree to undergo this planned rehabilitation procedure and to pay the professional fees quoted.

Signature

Date