

ENDODONTISTS

Dr. Sydney Bader

BDS (Wits) C Endo (Temple)

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INFORMED CONSENT



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I am in agreement with the treatment plan as discussed with my Endodontist. I am fully aware of the possible complications of endodontic treatment as explained by my practitioner and as described in the "treatment information pamphlet". I understand the cost associated with this treatment and these costs will be due and payable at the completion of each visit. Partial reimbursement may be available from my private health fund, submission of invoices is my responsibility. All my questions in respect to this treatment have been addressed by my practitioner.

Signature of Patient (or Guardian)

Printed Name of Patient

Date