APPROVED BY
Order No. 52 of October 17, 2013 of the Chief Physician
of the Public Institution Šiauliai Central Multi-Specialty Clinic

INFORMED CONSENT FOR PROVISION OF DENTAL SERVICES

Date: _____

This informed consent has been prepared in accordance with Order No. XI-499 of November 29, 2009 amending the Law on the Rights of Patients and Compensation for the Damage to Their Health of the Republic of Lithuania. By signing this consent, I hereby confirm the following:

The health care specialist has provided me with all the relevant and necessary information about the dental and/or dental prosthetics services, the condition of my occlusion, diagnosis of orthodontic anomalies, treatment plan, estimated and alternative treatment methods, possible surgical interventions, applied anesthesia during interventions, oral hygiene, preventive procedures and consequences in case I refuse the treatment.

I hereby consent to examination, prescribed tests (including teeth and jaw x-rays), treatment and intervention methods.

I hereby confirm I am aware that there are health care specialists, students, interns and residents who study and work at the Multi-Specialty Clinic.

I hereby give my consent to students to collect my data, carry out the tests and diagnostic interventions and/or invasive procedures under the supervision of licensed health care specialists. I hereby consent to receive treatment from licensed health care specialists working at the Multi-Specialty Clinic.

I have read the Internal Rules and Regulations and hereby agree to adhere to them. I understand that I must contact my doctor immediately in case my condition gets worse.

I know that I must inform my doctor about any infectious diseases known to me, such as hepatitis, HIV/AIDS and tuberculosis, allergies, radiotherapy and chemotherapy, cardiac diseases, hemophilia, asthma, epilepsy, rheumatoid arthritis, diabetes mellitus, and/or such conditions as pregnancy, breastfeeding or high blood pressure.

I know that I will have to pay for the used dental filling, other materials and single-use tools in accordance with the procedure set forth by the Ministry of Health of the Republic of Lithuania.

Patient (Authorized Representative) _____
(first name, family name, signature)