



General Consent for Dental Procedures and Treatment

You, the patient, have the right to accept or reject any dental treatment recommended by your dentist. Prior to consenting to treatment, you should carefully consider the anticipated benefits and commonly known risks of the recommended procedure, alternative treatments, or the option of no treatment.

Do not consent to treatment unless and until you discuss potential benefits and risks with your provider and all of your questions have been answered. By consenting to treatment, you are acknowledging your willingness to accept known risks and complications, no matter how slight the probability of occurrence.

As with all surgical and health care work, there are commonly known risks and potential complications associated with dental treatment. No one can guarantee the success of the recommended treatment or that you will not experience a complication or less than optimal result. Even though many of these complications are rare, they can and do occur occasionally.

Some of the more commonly known risks and complications of dental treatment include, but are not limited to, the following:

- Pain, swelling, and discomfort after treatment
- Ongoing sensitivity after treatment indicating additional procedures, such as root canal therapy or tooth extraction
- Infection in need of medication, follow-up procedures, or other treatment
- Temporary, or on rare occasion, *permanent* numbness, pain tingling, or altered sensation of the lip, face, chin, gums, and tongue, along with possible loss of taste
- Damage to adjacent teeth, restorations, or gums
- Possible deterioration of your condition which may result in tooth loss.
- The need for replacement of restorations, implants, or other appliances in the future.
- An altered bite in need of adjustment.
- Possible injury to the jaw joint and related structures requiring follow-up care and treatment or consultation by a dental specialist
- Recommendation to refer to a dental specialist for the completion of a case which may have been started by your general dentist, should complications arise.
- A root tip, bone fragment, or a piece of a dental instrument may be left in your body and may have to be removed at a later time if symptoms develop. Doctor may decide to intentionally leave these objects behind if risk outweighs benefit of removal.
- Jaw Fracture
- If upper teeth are extracted, there is a chance of sinus infection or opening between the mouth and sinus cavity resulting in infection or the need for further treatment.
- Allergic reaction to anesthetic or medication
- Need for follow-up care and treatment, including surgery

It is very important that you provide your dentist with accurate information before, during, and after treatment. It is equally important that you follow your dentist's advice and recommendations regarding medication, pre- and post-treatment instructions, referrals to other dentists or specialists, and return for your scheduled appointments. If you fail to follow the advice of your dentist, you may increase the chances of poor outcome.

Certain heart conditions may create a risk of serious or fatal complications. If you have a heart condition, or have had a history of heart attack or heart surgery, advise your dentist immediately so we can consult with your physician if necessary.

You, the patient, are an important part of the treatment team. In addition to complying with the instructions given to you by this office, it is important to report any problems or complications you experience so they can be addressed properly.

If you are a woman on birth control or pregnant, or may become pregnant soon, you should notify your dentist. You must consider the fact that antibiotics might make oral birth control less effective, and take necessary precautions. Inform your dentist of your pregnancy status, so that our office may take necessary precautions.

This form is intended to provide you with an overview of potential risks and complications. Do not sign this form or agree to treatment until you have read, understood, and accepted each paragraph stated above. You may ask your dentist or office staff any questions regarding the above statements. Be certain that all of your concerns have been addressed to your satisfaction by your dentist prior to commencing any treatment.

Patient Signature

Printed Name

Date