

CONSENT FOR DENTAL TREATMENT

PATIENT NAME: _____

CHART NUMBER: _____ DATE: _____

While serious complications associated with dental procedures are very rare, we would like our patients to be informed about the various procedures involved in dentistry and have their consent before starting treatment. The following risks of complications exist with general dental treatment choices:

Complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics (pain killers), anesthetics, and injections include (but are not limited to) swelling, sensitivity, bleeding, pain, infections, numbness and tingling sensation in the lip, tongue, chin, gums, cheeks and teeth (which is usually transient but, on occasion, may be permanent), reaction to injections, changes in occlusion (biting), jaw muscles cramps and spasms, temporomandibular (jaw) difficulty, referred pain to ear, neck and head, nausea, vomiting, allergic reactions, delayed healing and treatment failure.

The risks of complications from medications used/prescribed with general dental treatment include, but are not limited to, drowsiness, lack of awareness and coordination, nausea, allergic reactions, etc. (which may be influenced by the use of alcohol, tranquilizers, sedatives or other drugs). *{It is not advisable to operate any motor vehicle or hazardous device while experiencing side effects of the medications we may prescribe.} {Antibiotics are known to decrease the effectiveness of oral contraceptives, so it is advised that other/additional contraceptive measures be taken during the administration of antibiotics.}*

Name of Operation or Procedure: _____

OTHER TREATMENT CHOICES: My dentist has discussed Alternative Treatment choices with me. The following alternatives to treatment were discussed:

By signing here, I indicate that I have the capacity to make and communicate health care decisions and that I am fully informed as to the contents of this document.

Signature of Patient/Parent/Guardian

Date

Time

Witness

I hereby certify that I have explained the nature, purpose, benefits, usual and most frequent risks of, and alternatives to, the proposed surgery. I have offered to answer any questions and fully answered all such questions.

Dentist

Date

"Dental Care That Makes You Smile"