

Caring Family Dentistry, P.C.
General Consent for Dental Treatment

I understand the purpose of the general consent is to raise my awareness of risks that are common-place in many dental procedures. I understand that every dental patient has the right to informed consent, which means that as a patient or a legal guardian, I should understand what treatment is being proposed, what complications and risks are and what the alternatives are to the treatment. Of course, one alternative for me is to do nothing, although that choice carries other risks.

- I understand there is a possibility of an allergy to prescription medications given or prescribed. Also, medications have common side effects that are listed by the manufacturer. Further, if I am taking other medications, my dental medications could have an adverse interaction, and I need to fully disclose all of my medications to the dentist and pharmacist. This includes herbal supplements.
- Consult your physician before relying on birth control medication if your dentist prescribes, or if you are taking antibiotics.
- For the administration of local anesthetic, I understand that for many treatments and procedures I will be given local anesthetic injection and that in a certain percentage of cases, patients have had stiffness and soreness from the injection, an allergic reaction to the anesthetic, or a temporary or permanent injury to nerves and/or blood vessels from the injection.
- For routine fillings, restorative dental procedures and dental cleanings, I understand this includes but is not limited to: temporary soreness, temperature sensitivity, unusual reaction/allergy to medications given or prescribed. For oral surgery, I understand that there is always a risk of a post-operative infection, nerve damage, and iatrogenic injury. In rare cases, the complications from surgery may be permanent, disabling, or even cause death.
- I understand that all treatments and procedures have a risk of separation of dental instruments which may become lodged in a gum or other soft tissue or aspirated. Should I experience any of these or other conditions during or following treatment, I understand that my dentist reserves the right where appropriate (for example: root canal therapy, crowns/bridges, oral surgery, treatment of gum disease, restoration of implants, dentures) to provide me with more specific informed consent discussions.

It is very important that you provide your dentist with accurate information before, during and after treatment, including any medical conditions and concerns. 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 scheduled appointments. If you fail to follow the advice of your dentist, you may increase the chances of poor outcome.

My signature below confirms that I understand that no dental treatment is completely risk free, and that my dentist will take reasonable steps to limit the complications of my treatment and to provide competent dentistry with comfort and care, but dentistry is not an exact science and no dentist can promise that any dental treatment or procedure will be successful or that any risk or complication or injury will not occur. I understand that some after-treatment effects and complications tend to occur with regularity. I understand that this form is intended to provide an overview of potential risks and complications. My signature below confirms that I have read, understand and accept the possible risks of dental treatment. Please be sure to discuss the potential benefits, risks and complications of recommended treatment with your dentist. Be certain all your concerns have been addressed to your satisfaction by your dentist before commencing treatment.

Patient Name

Date

Patient Signature/Parent or Legal Guardian Signature for minor