

Patient name: _____ Date: _____

General Dental Treatment Consent Form

- 1) Work to be done or may be done without signing a new consent form each time a verbal consent is given:
Exam, Regular cleaning, Fillings, Bridges, Root Canal, Crowns, Gum and bone surgery, deep cleaning, other treatment as may be deemed necessary during course of treatment and visits.
(INITIALS: _____)
- 2) Drugs & Medication:
I understand that antibiotics, anesthetics, and analgesics and other medications can cause allergic reactions causing redness/swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock. I can decline medications.
(INITIALS: _____)
- 3) Changes in Treatment Plan: I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discussed during examination, the most common being a root canal therapy following routine restorative procedures. I give my permission to dentist to make any/all changes and additions as necessary.
(INITIALS: _____)
- 4) Removal of Teeth:
Alternatives to removals have been explained to me (root canal, crowns, and periodontal surgery) and I authorize the dentist to remove teeth as we mutually agree and any other necessary procedures for reasons in paragraph #3. I understand removing teeth doesn't always remove all the infection if present, and it may be necessary to have further treatment. I understand the risk involved in having teeth removed, some of which are pain, swelling, spread of infection, dry socket, shifting of teeth, loss of feeling in my teeth, lips, tongue, and surrounding tissue (paresthesia) that can last for indefinite period of time, or fractured jaw. I understand I may need further treatment by a specialist, or hospitalization if complications arise during or following treatment the cost of which is my responsibility.
(INITIALS: _____)
- 5) Crowns, Bridges, and Caps:
I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I further understand that I may be wearing temporary crowns which may come off easily and that I must be careful to insure that they are kept on until the permanent crowns are delivered. I realize the final opportunity to make changes in my new crown, bridge, or cap (including shape, size, fit, color, symptoms) before cementation. There's always possibility of crown or tooth fracture, pain, and cement leakage after crown is placed. In some cases, possible root canal may be needed before or after crown is cemented.
(INITIALS: _____)
- 6) Dentures, Complete or Partials:
I realize that full or partial dentures are artificial, constructed of plastic, metal, composites and/or porcelain. The problems of wearing these appliances have been explained to me including looseness, soreness, and possible breakage. I realize the final opportunity to make changes in my new denture (including shape, fit, size, placement, and color) will be the "teeth in wax" try-in visit or after final impression but before fabrication. I understand that most dentures require relining three to twelve months after initial placement. The cost for this procedure is not included in the initial dental fee. Adjustments may be needed.
(INITIALS: _____)
- 7) Endodontic Treatment (Root Canals):
I realize that there is no guarantee that root canal treatment will save my tooth, and that occasionally metal objects or dental materials are left in the tooth or extend through the root, which does not necessarily affect the success of the treatment. I understand that occasionally additional surgical procedures may be necessary following the root canal treatment (apicoectomy). Complications can make the tooth non-restorable and be removed or require additional procedures/referral.
(INITIALS: _____)
- 8) Periodontal Loss (Tissue & Bone):
I understand that IF I have a serious condition causing gum and bone infection or loss it can lead to the loss of my teeth. Alternative treatment plans have been explained to me, including gum surgery, replacement, and/or extractions. I understand that undertaking any dental procedures may have a future affect on my periodontal condition.
(INITIALS: _____)

I understand that dentistry is not an exact science and that therefore practitioners cannot fully guarantee results and complications may occur and need re-work or referral. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment, which I have requested and authorized. I also recognize that absence of symptoms does not mean absence of defect or pathology/disease. I accept all risks and benefits of treatment including complications. I had sufficient opportunity to decline all or some treatment. Refund is solely at the option of provider. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction. I consent to the proposed treatment and effective until revoked in writing.

Signature of Patient/Parent/Guardian: _____ **Date:** _____