



Consent for Dental Treatment and Acknowledgement of Receipt of Information

State Law requires us to obtain your consent for any dental treatment. Please ask us about anything you do not understand. We are ready to answer any of your questions or explain anything you need. Any alternatives to the recommended treatment, including no treatment, have been explained to me.

I understand dentistry is not an exact science and complications may occur despite our best efforts. There are risks associated with any dental treatment. This includes the administration of any local or general anesthetic agent, analgesic agent(s) to produce conscious sedation, and/or pre-medication prior to dental care being rendered. Some of these risks/complications are, but not limited to, the following:

- Sensitivity to temperature (hot/cold)
- Swallowing and/or aspiration of prosthesis and other objects
- Damage to or possible loss of fillings or other dental work
- Failure of treatment to accomplish its purpose
- Damage, fracture or possible loss of the tooth/teeth being treated as well as adjacent teeth and bone
- Breakage of root(s) and retained root fragments
- Trismus (jaw pain or difficulty opening mouth)
- TMJ dysfunction / worsening of TMJ condition
- Loss of tooth/teeth or loss of bone
- Additional surgery, hospitalization and/or further treatment may be required in the event of any complication(s)
- Incomplete removal of tooth
- Injury from airborne particles or instruments
- Failure of wound to heal
- Infection
- Dry socket
- Burns from chemical agents used in dental treatment
- Injuries to adjacent teeth and/or soft tissue
- Paresthesia or numbness of: tongue, and/or mouth, and/or face
- Bleeding
- Loss of or damage to the ability to taste, speak, hear and/or see
- Injury to adjacent structures
- Fracture of mandible(lower jaw) or maxilla (upper jaw)
- Tooth or fragment in maxillary sinus
- Instrument breakage
- Death
- Opening between mouth and sinus or mouth and nose
- Allergic reaction to drugs
- Sloughing (unanticipated loss of hard and/or soft tissue)
- Bacterial Endocarditis

Acknowledgement

I acknowledge that I have read, or that it has been read to me, and I understand the information contained on the consent form. I was given an adequate opportunity to ask any questions. All questions that were asked, were answered to my satisfaction. I hereby authorize and direct the dentist and/or associates, hygienists and assistants of their choice to perform the diagnostic, surgical or dental treatment. This consent form will remain valid until revoked by me in writing.

Signature of Patient or Guardian

Date