

General Consent

Acknowledgement

I, _____, consent to be a patient at the above named office and agree to a radiographic and clinical examination. I also understand and consent to the following:

1. During the course of treatment, I may undergo procedures in all phases of dentistry including periodontics (gum treatment and surgery), oral surgery, endodontics (root canals), fixed and removable prosthodontics (crowns, bridges, and dentures), implant dentistry, restorative dentistry, temporomandibular disorder treatment, sleep apnea treatment, oral pathology, pediatric dentistry, and radiography.
2. I will provide a thorough and complete medical history, supply a full list of my medications with dosages, and consent to my dentist communicating with my other medical practitioners to inquire about any aspect of my health history.
3. No guarantees can be made about treatment outcomes, restoration longevity, or prognoses. I understand that any branch of medicine, including dentistry, can involve unanticipated results.
4. I will pay in full any cost of treatment or insurance copayments according to the office's financial policy. I understand that even if an insurance pre-estimate is given or a procedure has been preapproved, I am responsible for *any* costs that my insurance does not cover.
5. My treatment plan may change at any time and I will do my best to approach my dental care with optimism and open communication with my dentist, hygienist, and dental office staff.
6. I will show up on time for my appointments. Any cancellations will be made at least 24 hours prior to my appointment. Failure to notify the office of cancellations at least 24 hours before the appointment or not showing up to the appointment may be subject to a charge of \$25 or denial of future appointments.
7. I am welcome to ask questions about any aspects of my dental care and will request information if I am confused or need more information. I am responsible for clarifying any aspects of my treatment that I am unsure about.

8. I understand that 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 premedication prior to dental care being rendered. Some of these risks/complications are, but not limited to, the following:

- Infection, inflammation, swelling, sensitivity, and/or pain
- Bleeding
- Failure of wound to heal
- Injuries to adjacent teeth and/or hard or soft tissues
- Paresthesia or numbness of: tongue, and/or mouth, and/or face
- Fracture of mandible (lower jaw) or maxilla (upper jaw)
- Opening between mouth and sinus or mouth and nose
- Tooth or fragment in maxillary sinus
- Incomplete removal of tooth
- Dry socket
- Loss of teeth
- Loss of bone
- Slough (unanticipated loss of hard and/or soft tissue)
- Injury to adjacent structures
- Instrument breakage
- Breakage of root(s) and retained root fragments
- Swallowing and/or aspirations of objects
- Allergic reactions to drugs
- Trismus (jaw pain or difficulty opening mouth)
- Failure of treatment to accomplish its purpose
- Death (in rare instances)
- Bacterial Endocarditis
- Changes in bite or difficulty in opening because of stress on jaw joint (TMJ)
- Additional oral surgery, hospitalization and/or further treatment may be required in the event of any complication(s)

Signature

Date