

## **General Consent**

You the patient have the right to accept or reject dental treatment recommended by your dentist. Prior to consenting to treatment, you should carefully consider the anticipated benefits and commonly known risks of the recommended procedure, alternative treatment, or the option of no treatment.

### **1) LOCAL ANESTHESIA**

I understand that although local anesthesia is extremely safe, some rare or more serious complications may occur secondary to the administration of local anesthesia. I understand that the most common complications that may occur with the administration of local anesthetic in dentistry include, but are not limited to, ecchymosis and analgesia, evidenced by pain, swelling and/or bruising. The rare and more serious complications are paresthesia or permanent anesthesia (permanent numbness or abnormal sensation), and in rare cases life threatening conditions.

I understand more than one injection may be needed to achieve a satisfactory or desired results for treatment purposes.

### **2) 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 discoverable during previous examinations. For example, root canal therapy may be necessary following routine restorative procedures.

I give permission to my dentist to make any/all changes and addition as necessary.

### **3) COMPOSITE RESTORATION**

We are a mercury free practice. I understand that the treatment of my dentition involving the placement of composite resin fillings, may entail certain risks. There is a possibility of failure to achieve the desired or expected results. I agree to assume those risks that may occur, even if care and diligence is exercised by my treating dentist in rendering this treatment. These risks include possible unsuccessful results and/or failure of the filling associated with, but not limited to, the following: sensitivity of teeth, risk of fracture, necessity for root canal therapy, injury to the nerves, aesthetics or appearance, breakage, dislodgement and/or bond failure.

### **4) CROWNS. BRIDGES, ONLAYS**

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, bridges, and/or onlays which may come off easily and that I must be careful to ensure that they are kept on until permanent crowns are delivered. I realize the final opportunity to make changes in my new crowns, bridge, or onlay (including shape, fit, and color) will occur only before final cementation. It is also my responsibility to return for permanent cementation within 21 days from initial tooth preparation. Excessive delays may allow for tooth movement which may necessitate a remake of the crown, bridge, or onlay.

In such instances, I understand that there will be additional charges for remakes due to my delaying permanent cementation.

**5) PERIODONTAL LOSS (TISSUE & BONE)**

I understand that if I am being treated for periodontal disease, this means I have a serious condition causing gum and bone inflammation or loss, and that it can ultimately lead to the loss of my teeth. Alternative treatment plans have been explained to me, including gum surgery, replacements and/or extractions. I understand that any dental procedure may have a future adverse effect on my periodontal condition.

I understand that dentistry is an inexact science and, therefore, reputable practitioners cannot properly guarantee results.

I acknowledge that no guarantee or assurance has been made to me by anyone regarding the dental treatment(s) which I have requested and authorized.

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Signature of Patient