

Consent for Dental Diagnosis & Treatment

There are risks associated with any dental treatment. This includes the administration of any local anesthetic agent, analgesic agent(s) to produce conscious sedation, and/or pre-medication prior to dental treatment being rendered. Some of these risks/complications are, but not limited to the following:

<u>OCCASIONALLY</u>	<u>VERY RARE</u>
Injures to adjacent teeth and/or hard or soft tissue	
Bleeding	Allergic reaction to drugs
Failure of treatment to accomplish its purpose	Bacterial endocarditis
Trismus (jaw pain or difficulty opening mouth)	Tooth or fragment in maxillary sinus
<u>RARE</u>	Retained root fragments
Infection	Swallowing and/or aspiration of objects
Failure of wound to heal	Paresthesia or numbness of tongue and/or
Dry Socket	mouth and/or face
Loss of teeth	Fracture of mandible (lower jaw) or
Incomplete removal of teeth	maxilla (upper jaw)
Loss of bone	Slough (unanticipated loss of hard and/or
Instrument breakage	soft tissue)
Breakage of root(s)	Opening between mouth and sinus or mouth
	and nose
	Death

Additional oral surgery, hospitalization, and/or further treatment may be required in the event of any complication(s). Please ask us about anything you do not understand. We are ready to answer any of your questions or explain anything you do not understand.

ACKNOWLEDGEMENT

I acknowledge that I have read this consent form, or it has been read to me, and I understand the information contained on this consent form. I was given an adequate opportunity to ask any questions, and all questions asked were answered to my satisfaction.

I hereby authorize and direct the dentist and/or associates, hygienists and assistants of their choice to perform diagnostic services, and/or dental treatment. This consent form will remain valid unless revoked by me in writing.

Patient's name

Date

Signature (guardian if patient is a minor)