General Dental Treatment Consent and Information Form

It is the belief of this office that you should be informed about the treatment (therapy) we may recommend, and that you should give your consent before starting that treatment. The purpose of this form is to tell of the risks that may occur in dental treatment, and have your consent in writing.

1. Health Information

I agree to disclose all previous illness and medical history. Undisclosed medical information current medications, allergies, or illnesses may compromise my dental treatment.

2. Drugs, Latex and Medications

I understand that latex gloves, antibiotics, local anesthetics, and other medications can cause allergic reactions, even life threatening reactions. Also, some antibiotics can interfere with birth control pills. Epinephrine in local anesthetics can cause temporary increase in heart rate, and in rare cases may be dangerous.

3. Risks of Dental Procedures

Included, but not limited to, are complications resulting from the use of dental instruments, drugs, medicines analgesics (pain killers), anesthetics and injections. These complications include pain, infection, swelling, bleeding sensitivity, numbness and tingling sensations in the lip, tongue, chin, gums, cheek and teeth, thrombophlebitis (inflammation to a vein) reaction to injections, loosening of the teeth or restoration in teeth, injury to other tissues, referred pain to the ear, neck and head, nausea, vomiting, allergic reactions, itching, bruise, delayed healing, sinus complications, and further surgery. Medications and drugs may cause drowsiness, lack of awareness, and coordination (which can be enhanced by the use of alcohol or other drugs), Thus it is advisable not to operate any vehicle or hazardous device, or work for twenty-four hours, or until recovered from their effects.

4. Fillings, Crown, and Unanticipated Root Canals

Some teeth may need a root canal even after a simple filling. Fillings and crowns are the most conservative treatment for diseased teeth, a percentage of these teeth end up needing a root canal after the filling or the crown is done.

5. Root Canals can Fail

Root canals have a high success rate but they can fail and may require additional or specialized treatment. A file can separate in the canal, or infections and abscess can recur, fractures and perforation of the canal can also be an issue. Some canals are calcified after root canals and can't be filled to the end of the root. In some cases the tooth may end up needing pulled or a specialist might be recommended to finish the treatment.

6. Porcelain Crowns, Veneers, Bonding and Cosmetic Fillings

All these dental procedures are esthetically pleasing, however they may chip or break at some point in the future. The patient is responsible for repairs or remakes after 3 years for porcelain crowns and veneers. Once a crown, veneer or filling has been done the color cannot be changed.

7. Gum Treatment and Requesting just a cleaning

When regular cleanings are missed, or daily hygiene is improperly done, periodontal disease can result. This is destruction of the bone that supports teeth. I understand if I have periodontal disease, I will need more that a regular cleaning. Flossing daily is an integral part of good daily care. Smoking and poor oral hygiene will directly contribute to gum disease. I understand that a regular cleaning is not appropriate treatment for gum disease. I agree that if I need more intensive gum treatment, I will not insist that I simply get a regular cleaning. I understand that if my gum disease is too advanced I may be referred to a specialist.

8. Extractions and surgery

I understand that all dental extractions or dental surgeries carry risks. Some of those risks are infection, numbness (that can be temporary or permanent), severe pain and swelling.

9. Fee for additional or Specialty Care

I understand that I may require treatment beyond what was planned, such as when a tooth is crowned it might need a root canal. Also, I may be referred to a specialist for additional care. I agree to be financially responsible for the additional or specialty care.

10. Change 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 discovered during examination. I give my permission to the Dentist to make any and all changes, additions, and/or deletions as the Dentist deems necessary. I hereby request and authorize the dentist and his staff to perform dental work on me for the purpose of attempting to improve my appearance, function and the health of my mouth, teeth, bone and tissues and the risks involved, as well as the possible alternative methods for treatment that have been fully explained to me. I also authorize the operating dentist and assistants to perform any other procedure which they may deem necessary, or desirable in attempting to improve my condition, or treat unhealthy or unforeseen conditions that may be encountered during treatment.

11. Dental Assistants

Some of our Dental Assistants have extra certification to do sealants and place fillings. They are overseen by the dentists that have experience. **I hereby authorize the dental assistants to perform the restoration functions that each are certified to perform from placing permanent fillings and temps to taking impressions and other duties they are certified to perform.**

12. Dental Treatment Can be Complicated

Treatment can be complicated and while we try to anticipate any potential change to a treatment plan in advance, we may be able to realize some problems with teeth and the surrounding tissue until treatment has begun. If at this point additional treatment is needed we will inform you.

13. Family Members in the Treatment Area

One adult may accompany a minor to the treatment area if desired. However we do ask that no more than one family member is present. We cannot be responsible for managing children that are with adults undergoing treatment. Our services require full attention of our staff and doctors.

14. Limitations of Insurance Coverage

Insurances may not cover every procedure that we recommend. Some examples include, temporary dentures, removal of crowns or bridges, bleaching or cosmetic work. I understand what may be quotes as my portion (co-pay) is only an estimate. I agree to be financially responsible for what insurance does not cover or refuse to pay. We can try to help in guiding you regarding your insurance but at the end it is your insurance and your responsibility. We can't be held responsible if the insurance refuses to pay or they deny a claim.

15. Unpaid Insurance Claims

Patient portions are due at the time of service. All dental services rendered, whether or not covered by insurance are ultimately the financial responsibility of the account holder. We will give your insurance company 60 days to remit payment. If there is still no payment after this time, in order to keep your account current, you will be financially responsible for 100% of the outstanding insurance claim. A statement will be sent to you monthly letting you know the activity on your account. If you have paid the balance and your insurance company pays you will receive a prompt refund.

16. Consent

I understand that dentistry is not an exact science and that therefore we cannot properly guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the treatment which I am requesting and authorizing. I understand that no other dentist individual or corporation other that the treating dentist is responsible for my dental treatment. In order to receive treatment, I will agree that if there is any difference or disagreement between my attending dentist and myself, I will first present such differences or disagreement to my attending dentist and give him a chance to resolve the problem, if we are unable to agree on a solution, then I agree to take the problem to a reconciliation board such as the grievance committee of my dental health plan, or the Dental Society and agree to accept their resolution, in lieu of pursuing remedies by way of litigation, in consideration of helping to keep cost of treatment of services as low as possible. I also understand that this agreement is binding on my heirs and all other family members. Alternatives and possible reactions have been explained to me in detail and clearly, including, but not limited to pain, bleeding, scarring, numbness, fractured jaw, and allergic reaction which on occasion can be life threatening.

Please understand we are here to serve you and help with your dental needs. If you have any questions or concerns let us know and we will do our best to take care of it. If you are dissatisfied with the services from the dentist or any of our dental staff, or billing issues please let us know and give us a chance to rectify the situation. Thank you for choosing our office.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT TO DENTAL TREATMENT AND THAT EXPLANATIONS THEREIN REFERRED TO WERE MADE. ANYTHING I DID NOT UNDERSTAND HAS BEEN EXPLAINED TO ME.

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Signature of Patient or Guardian Date