



Patient Treatment Consent Form

There are certain risks in all dental procedures. Specific risks include but are not limited to infections, swelling, pain, discoloration, and partial or complete, permanent or transient numbness or paresthesia of areas of the oral cavity. Sometimes there are complications that cannot be foreseen. If we are not able to resolve your chief complaint, we will assist you in finding a specialist that can accommodate your needs.

Alternative methods of treatment and the consequences of no treatment will be explained. The procedures involved in dental treatment include the use of anesthetics, sedatives and other medications. Changes in any treatment plan will be discussed with you for your approval.

You may ask questions regarding any proposed procedure and the risk involved, and you have the right to refuse any procedures. My signature below indicates that I have read and accepted the above statements.

PATIENT OR RESPONSIBLE PARTY

SIGNATURE: _____ **Date:** _____

Intra oral photographs may be taken before, during and after dental treatment. Do you consent to have these photos posted on our office website for patient educational purposes? YES / NO

PATIENT OR RESPONSIBLE PARTY

SIGNATURE: _____ **Date:** _____

Hygiene Consent:

Adult dental hygiene visits include an adult prophylaxis (cleaning), dental examination, and full mouth set of xrays or yearly bitewing xrays.

Children's dental hygiene visits include a child prophylaxis (cleaning), dental examination, application of fluoride varnish and dental sealants (if needed).

*****The above procedures may have "frequency limitations" on my dental insurance policy and may not be covered and I will be responsible for any balance due.**

PATIENT OR RESPONSIBLE PARTY

SIGNATURE: _____ **Date:** _____