



GENERAL CONSENT

While recognizing the benefits of a pleasing smile and teeth that function well, you should be aware that dental treatment, like treatment of any other part of the body, has some inherent risks. These are seldom great enough to offset the benefits of treatment, but should be considered when making treatment decisions.

Benefits of dental treatment can include: relief of pain, the ability to chew properly, and the confidence and social interaction that a pleasing smile can bring. Nonetheless, there are some common risks associated with virtually any dental procedure, including:

1. **Drug or chemical reaction.** Dental materials and medications may trigger allergic or sensitivity reactions. _____ (Read and initial)
2. **Long-term numbness (paresthesia).** Local anesthetic, or its administration, while almost always adequate to allow comfortable care, can result in transient, or in rare instances, permanent numbness. _____ (Read and initial)
3. **Muscle or joint tenderness.** Holding one's mouth open can result in muscle or jaw joint tenderness, or in predisposed patients, precipitate a TMJ disorder. _____
(Read and initial)
4. **Sensitivity in teeth or gums, infection, or bleeding.** _____ (Read and initial)
5. **Swallowing or inhaling small objects.** _____ (Read and initial)

Please understand that the longevity of our work also depends on your home care and routine maintenance with our office. By signing this form you acknowledge that you understand when a restoration of any kind is placed, we cannot stand behind our work if you do not follow through with proper home care and regular dental check-ups in our dental office. *If you do not return for your recommended oral health care maintenance appointments in the time frame we have established,* any treatment needed to replace or repair the restoration will be at the patient's expense.

While we follow procedural guidelines which most often lead to a clinical success, just like in any other pursuit in health care, not everything turns out the way it is planned. We will do our best to assure that it does. Please feel free to ask questions in regard to all dental procedures that are recommended to you.

I have read and understand the statement on this page:

Patient's signature/ Parent's signature (If minor patient)

Date

Witness

Date