

Patient Name: _____

Dental Treatment Consent Form

1. Health Information

I agree to disclose all previous illnesses and medical history. Undisclosed medical information, current medications, allergies or illness are risk factors.

2. Drugs, latex and medicines

I understand that antibiotics and other medicines can cause allergic reactions and even life-threatening anaphylaxis. Also, some antibiotics interfere with birth-control pills. Latex allergy can cause rashes and itching. Epinephrine increases the heartbeat and, depending on my health, may be dangerous to me.

3. Needle stick

If someone is inadvertently stuck with a needle used on me, I consent to have blood drawn for analysis.

4. Fillings, Crowns and Un-anticipated Root Canals

Some teeth may need a root canal even after a simple filling. Fillings and crowns do take away tooth structure and a percentage of these teeth end up needing a root canal after the filling or crown is done.

5. Root Canals can fail

Root canals can fail and may require additional treatment or the tooth may not be salvageable and need extraction.

6. Porcelain Crown, Veneers, Bonding and Cosmetic Fillings

Porcelain crowns, veneers, cosmetic bonding and composite fillings are aesthetically pleasing; however, I understand that if they chip or break after in use successfully, I am responsible for repairs or remakes. Once a crown, veneer, bonding or filling is placed, I understand the color cannot be changed.

7. Gum Treatments and Requesting “Just a Cleaning”

If I don't floss or if I smoke, I can expect to have a deteriorating gum condition. I agree that if I need gum treatment, I will not insist that I simply get a cleaning (prophylaxis).

8. Extractions and Surgery

I understand that all dental extractions or surgeries carry risks for example, a dry-socket following an extraction. Some risks are life threatening such as post-surgical infection or anaphylaxis.

9. Fee for Additional or Specialty Care

I understand that I may need treatment beyond what was originally planned (a crowned tooth becomes painful and will need a root canal), or I may be referred to a specialist for additional care (root canal was not successful). I agree to be financially responsible for the additional or specialty care.

10. Limitations of Insurance Coverage

There are charges beyond what insurance will pay, e.g. nitrous oxide, temporary dentures, tapping off crowns or bridges, bleaching or cosmetic work. Also, as a service to patients, this office will file insurance claims on their behalf. I understand that what may be quoted as my portion (co-payment) is only an estimate. **I agree to be financially responsible for what insurance does not cover.**

11. 24 Hour Notice for Cancellation

I agree to give 24-hour notice for cancellations or pay the broken appointment fee. I understand that leaving a message after the office is closed the day (or weekend) before is NOT sufficient notice.

12. Requesting Record Transfers

Professional courtesies are between dentists. I agree not to request records until I have a new dentist.

13. Hygiene Appointments

If I am more than 15 minutes late for my cleaning appointment, I will either take my remaining time only or reschedule and pay a broken appointment fee.

I do not expect guarantees in dental care. I have read the above and consent to the treatment.

Signature of Patient or Parent of minor

Date

Witness