

## REQUEST AND CONSENT TO DENTAL TREATMENT

While serious complications associated with dental procedures are very rare, we would like our patients to be informed about the various procedures involved in dentistry and have their consent before starting treatment. The following risks of complications exist with general dental treatment choices.

Complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics (pain killers), anesthetics, and injections include (but are not limited to) swelling, sensitivity, bleeding, pain, infection, numbness and tingling sensation in the lip, tongue, chin, gums, cheeks, and teeth (which is transient but on infrequent occasion, may be permanent), reaction to injections, changes in occlusion (biting), jaw muscle cramps and spasms, temporomandibular (jaw) difficulty, referred pain to ear, neck, and head, nausea, vomiting, allergic reactions, delayed healing and treatment failure.

The risks of complications from medications used/prescribed with general dental treatment include, but are not limited to, drowsiness, lack of awareness and coordination, nausea, allergic reactions, etc. (which may be influenced by the use of alcohol, tranquilizers, sedatives or other drugs). [It is not advisable to operate any motor vehicle or hazardous device while experiencing side effects of the medications we may prescribe.] [Antibiotics are known to decrease the effectiveness of oral contraceptives, so it is advised that other contraceptive measures be taken during the administration of antibiotics.]

The American Dental Association states that mercury amalgam fillings are safe. Alternative treatment choices and dental materials have been discussed with me by my dentist and their staff. I understand that medical conditions may not be helped by dental treatment.

### CONSENT

I, the undersigned, being the patient (parent or legal guardian of above minor patient or incompetent adult) request and authorize Drs. Kulp and Reid to perform the treatment we have discussed.

I understand that during the course of my/the patient's dental treatment something unexpected may arise that may necessitate procedures in addition to or different from those planned. Root canals, etc. may be required and may be referred to a specialist and the patient would be responsible for the additional costs.

I am aware that the practice of dentistry is not an exact science and I acknowledge that no guarantees have been made concerning the results of the treatment that I/the patient will receive.

I have had explained to me, and I have sufficient opportunity to discuss my/the patient's dental condition/problem(s), the planned procedure and treatment, and the risks and benefits to be reasonably expected from this treatment, compared with alternative approaches and/or no treatment.

All of my questions have been answered to my satisfaction, and I consent to the aforementioned treatment and procedures prescribed for me/the patient.

\_\_\_\_\_  
Patient, parent or legal guardian      Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor

\_\_\_\_\_  
Date