SOUTHERN DENTAL GROUP

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CONSENT FOR DENTAL TREATMENT AND ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

State Law requires us to obtain your consent for dental treatment. Please ask us about anything you do not understand. We are ready to answer any of your questions or explain anything you need. Any alternatives to the recommended treatment, including no treatment, have been explained to me in general terms.

Hygiene: prophy, exams, x-rays, full mouth debridement, scaling and root planning
Operative: crown, onlays, inlays, bridge preps, occlusal adjustments, splint adjustments, fillings
Surgery: simple extractions, surgical extractions, bone contouring, gingival contouring
Prosthodontics: complete dentures, partial dentures

I understand dentistry is not an exact science and complications may occur despite a dentist's best effort. There are risks associated with any dental treatment. This includes the administration of any local or general anesthetic agent, analgesic agent(s) to produce conscious sedation and/or pre-medication prior to dental care being rendered.

***Some of the risks/complications are (but not limited to) the following:**
Sensitive to temperature, Damage, fracture or possible loss of tooth being treated as well as adjacent teeth and bone, Failure of wound to heal, Injuries to adjacent teeth and or soft tissue, Paresthesia (numbness of tongue), mouth, and/or face. Fracture of the maxilla (upper jaw) or the mandible (lower jaw), Opening between mouth and sinus or mouth and nose, Sloughing (unanticipated loss of hard and/or soft tissue), Trismus (jaw pain or difficulty opening), Additional surgery, hospitalization and/or further treatment may be required, burns from chemical agents used in treatment, Loss of or damage to the ability to taste, speak and/or see, Breakage of root(s) and retained root fragments, Damage to or loss of filling or other dental work, Change in bite, Incomplete removal of tooth, loss of tooth/teeth or bone, Dry socket, Injury to adjacent structures, Instrument breakage, Allergic reaction to drugs or anesthetics, Bacterial Endocarditis (heart infection), Failure of treatment to accomplish its purpose, TMJ dysfunction or worsening TMJ condition, Injury from airborne particles or instruments, Infection, Bleeding, Tooth or fragment in maxillary sinus.

State Law also requires that we specifically advise you, although rarely occurring, that dental treatment or anesthetic use may result in:
Paraplegia (paralysis of both legs), Quadriplegia (paralysis of both legs and arms), Loss of function of organ(s) or limb(s), Brain damage, or Death.

ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE READ, OR THAT IT HAS BEEN READ TO ME, AND I UNDERSTAND THE INFORMATION CONTAINED ON THIS CONSENT FORM. I WAS GIVEN OPPORTUNITY TO ASK QUESTIONS THAT WERE ANSWERED TO MY SATISFACTION. I HEREBY AUTHORIZE AND DIRECT THE DENTIST AND/OR ASSOCIATES, HYGIENIST, ASSISTANTS OF THEIR CHOICE TO PERFORM DIAGNOSTIC, SURGICAL, OR DENTAL TREATMENT. THIS CONSENT WILL REMAIN VALID UNTIL REVOKED BY ME IN WRITING.

Patient Name: _____ Parent/Guardian (Print) _____

Relationship to Patient: _____ Signature: _____

Date: _____