



Informed Consent for General Treatment

All dental and anesthetic procedures have associated risk. These may be, but are not limited to:

- Drug reactions, side effects and/or reactions to anesthetic that are possibly life threatening and necessitate emergency care
- A blood filled swelling called a hematoma, that can form when a needle, used during an injection, hits a blood vessel
- During a “filling” preparation, the effects of decay and the removal of the decay may cause a nerve in the middle of the tooth to be exposed or damaged. This may require the tooth to have a root canal therapy and a subsequent crown or full coverage restoration. In severe cases, tooth extraction may be required
- Fractures of restorations or recurrent decay may occur after placement. This may be corrected with a new filling or require a crown
- Damage to adjacent teeth or fillings
- Post-operative infection
- Post-operative bleeding that may require additional treatment
- Delayed healing of an extraction site (dry socket) necessitating additional care
- Sinus involvement during removal of upper molars which may require additional treatment or surgical repair at a later date
- Remainder of a root tip that may necessitate additional care or referral to a specialist
- Involvement of the nerves during the removal of teeth, anesthetic administration, tooth preparation resulting in the temporary or possibly permanent numbness or tingling of the lip, chin, tongue, or other areas
- Bruising, swelling, sensitivity, pain and/or restricted jaw opening that may persist for several days or longer
- Failure of the dental procedure necessitating additional treatment, retreatment or extraction
- Breakage of dental instruments or perforation inside the dental canal making additional dental treatment necessary, referral to a specialist, or loss of tooth
- Complications during treatment including fracture or dislocation of jaw necessitating referral to a specialist

I understand the recommended treatment for my conditions, the risks of such treatment, any alternatives and risks, as well as consequences of doing nothing. Any fee(s) involved have also been explained. All of my questions have been answered, and I have not been offered guarantees.

Patient Name: _____

Print Patient/Guardian Name: _____

Sign: _____

Date: _____