

Informed Consent

General Consent Form

I understand that there are substantial risks and consequences that may be associated with any surgical, dental or anesthetic procedures. I understand every conceivable hazard cannot be listed. I realize the following possibilities exist, however infrequent or rare. These include but are not limited to:

1. Local Anesthetic

- Allergic reaction, hives, shortness of breath.
- Fainting, dizziness, rapid heart rate.
- Haematoma (internal and/or external bruise).
- Soreness at injection site.
- Biting of tongue, lip, or cheek.
- Paresthesia (temporary or permanent numbness of lip or tongue).
- Broken needle.

2. Amalgam And/Or Resin Fillings And/Or Sealants

- Possible sensitivity to hot and cold for several weeks.
- Sometimes tooth can abscess and require root canal and crown at additional fee.
- Bite adjustment may be needed after insertion.
- Resin(s) and sealant(s) will stain.
- Amalgam(s), resin(s), and sealant(s) may need replacements at a future date at an additional cost.
- Gum irritation.

I also understand that other or different conditions may be discovered which require additional or different procedures from those planned may involve additional fees.

I am aware that it is my responsibility to understand the recommended treatment, the fee(s) involved, the risks of treatment, any alternatives and risks of these alternatives, including the consequences of doing nothing. I will have all of my questions answered prior to treatment.

Patient Signature _____ Date _____

Witness Signature _____ Date _____

Doctor Signature _____ Date _____