



Informed Consent For General Dentistry

All patients must initial/sign all of the below

1) EXAMINATION AND X-RAYS

I understand that the initial visit may require radiographs in order to complete the exam, diagnosis, and treatment plan.

Initials _____

2) DRUGS AND MEDICATION

I am aware and understand that medications can cause allergic reactions. I have informed the dentist of any known allergies. I understand that if I do not take my prescribed medication in the manner in which it is prescribed for me, my condition may not improve and may worsen. I understand that antibiotics can reduce the effectiveness of oral contraceptives. I understand that all medications have the potential for risks, side effects, and accompanying drug interactions, therefore I understand the importance of informing my Dentist of all current medications.

Initials _____

3) CHANGES IN TREATMENT PLAN

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during initial examination. I give my permission to the Dentist to make any and all changes and additions as necessary.

Initials _____

4) TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMD)

I understand that popping, clicking, locking, and pain can intensify or develop in the joint of the lower jaw after routine dental treatment where the mouth is held in the open position. Although symptoms of TMD associated with dental treatment are usually temporary and well tolerated by most patients, I understand that should the need for treatment arise, then I will be referred to a specialist for treatment - the cost of which is my responsibility.

Initials _____

5) DENTAL PROPHYLAXIS (CLEANING)

I understand the treatment is preventative in nature, intended for patients with healthy gums, and is limited to the removal of plaque and calculus from the visible tooth structures.

Initials _____

I understand that my insurance may provide only the minimum standard of care. I understand that dentistry is not an exact science and that therefore reputable practitioners cannot properly guarantee results.

Signature _____ Date _____