

INFORMED CONSENT

GENERAL CONSENT FOR TREATMENT

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

- Drug reactions and/or side effects
- Damage to adjacent teeth and/or fillings
- Post-operative infection and/or pain
- Post-operative bleeding that may require additional treatment
- Delayed healing of an extraction site (i.e. dry socket) necessitating additional treatment and/or surgical repair at a later date
- Involvement of the nerves during administration of local anesthetic and/or removal of teeth resulting in a temporary or possibly permanent numbness/altered sensation/tingling of the lip, chin, tongue or other facial structures
- Bruising, swelling, sensitivity and/or pain
- Failure of the dental procedure necessitating additional treatment
- Separation of dental instruments inside tooth canals making additional treatment necessary
- Complications that may arise during dental treatment necessitating referral to a specialist

I understand the risks associated with dental treatment and I have not been offered any guarantees.

Patient signature _____

Date _____