LISA KEDERIAN DDS INC 11500 W. OLYMPIC BLVD. SUITE 604 LOS ANGELES, CA 90064

INFORMED CONSENT

Patient Name: _____

Medical History Information:

Please understand that it is important that you provide us with any information about your medical history. It is important that you inform us of any medicines that you're taking each time that you come to an appointment as some medications can cause harmful reactions with dental anesthetics, analgesics, antibiotics or other medications. Please provide us with a list of any drug allergies you have.

Restorations:

I understand that care must be exercised in chewing and eating until directed by a doctor or staff to avoid soft tissue damage. I understand that a more extensive filling than originally diagnosed may be required due to additional decay. I understand that sensitivity may occur after a newly placed filling.

Changes to Treatment Plan:

I understand that during treatment it may be necessary to change or add procedures because of the conditions found while working on the teeth that were not discovered during examination, for example, root canal therapy following routine restorative procedures. I give my permission to the dentist to make any/all changes and additions as necessary after consultation.

Complications:

Complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics (pain killers) anesthetics and injections include but are not limited to swelling, sensitivity, bleeding, pain, infection, numbness and tingling sensation in the lips, eyes, tongue, chin, gums, cheeks and teeth (which is transient but on infrequent occasions permanent), reaction to injections, changes in occlusion (biting), jaw muscle cramps and spasms, temporomandibular (jaw) difficulty, referred pain to ear, neck and head, nausea, vomiting, allergic reactions, delayed healing and treatment failure.

X-rays and Photos:

Modern dental x-rays equipment is extremely low dose radiation. Diagnostic x-rays provide the dentist with valuable information about your teeth and supporting bone that cannot be evaluated otherwise. Our office takes the minimum x-rays to allow us to do a thorough exam for each patient. All patients 18 years and older will receive a full mouth series of intra-oral x-rays. Without these x-rays, we cannot do a complete exam of the entire mouth and jaw. We may also take photos of our patients as part of their permanent record. We will not release these photos to anyone without your permission.

Request for Records/ X-Rays:

By law we are required to keep patients original x-rays and records in this office for 6 years. Since our x-rays are digital, you could easily request copies of your x-ray and/or records. Please email your request to FrontOffice@KederianDDS.com and we will get back to you within several business days.

Specific Problem Examinations:

In the event that a patient requests only for specific problems to be addressed (i.e. broken tooth, pain in one area, etc.), this is considered a problem evaluation. X-rays will be taken in the specific area only and a comprehensive exam will not be done. The dentist cannot diagnose problems in other areas of the mouth. Please understand that this appointment will be for the treatment/diagnosis of an emergency/urgent need. Any future treatment of other areas will require additional x-rays and a complete exam.

Specialty Referral and/or Second Opinion:

General dentists perform the majority of all dental treatment today. However, we want all patients to be aware that specialty fields exist in dentistry, particularly in the field of oral surgery, orthodontics, periodontics, pediatric dentistry, and endodontics. In some cases we may have to refer certain procedures out to specialist. We would be happy to offer you the names of specialists in order for you to have a second opinion and or have actual treatment performed by a specialist.

I hereby authorize Dr. Lisa Kederian and all supportive staff to proceed with and perform the dental restorations as explained to me. I understand that this is only one an estimate and subject to modification depending on unforeseen or undiagnosable circumstances that may arise during the course of treatment. I understand that regardless of any dental insurance coverage I may have, I am responsible for payment of dental fees. I agree to pay any attorney's fees, collection fees, or court costs that may be incurred to satisfy this obligation.

I understand that dentistry is not an exact science in fact, therefore, reputable practitioners cannot fully guaranteed results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment that I have requested and authorized. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction. I consent to allow Lisa Kederian DDS, Inc to take x-rays and perform an examination on me today.

Patient Signature: _____ Date:_____