

Dental Treatment Consent Form

Please read and sign at the bottom of this form.

DRUGS & MEDICATIONS

I understand that antibiotics and analgesics and other medications can cause allergic reactions causing redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (sever allergic reaction). Do not drive or operate heavy machinery while under the effects of dental narcotic analgesics.

USE OF DENTAL ANESTHETIC

I understand that use of anesthetic can cause an increase in heart rate, feeling of faintness, drowsiness, and heart palpitations. I am also aware of the minimal risk for nerve injury that may cause numbness in my teeth, lips, tongue, and surrounding tissues that can last for an indefinite period of time.

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 examination, the most common being root canal therapy following routine restorative procedures. I give my permission to the Dentist to make any/all changes and additions as necessary.

DENTAL INSURANCE

Please understand that dental insurance is a contract between you, your insurance carrier, and your employer. We will help in every way we can in filing your claim, however, you are responsible for all dental fees in the event your insurance company denies coverage, eligibility, and/or payment. Please be aware that we are only able to estimate your co-payment due to periodic changes within their contracts. You are responsible for insuring your eligibility with your dental insurance company each time dental service is provided.

ARBITRATION AGREEMENT

I understand that any dispute as to medical/dental malpractice, that is, as to whether any medical/dental services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law.

I understand that dentistry is not an exact science and that, therefore, reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment, which 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 the proposed treatment.

Signature of Patient/Guardian

Date