

GENERAL CONSENT FOR TREATMENT

All About Smiles Dental, Dr. Shawn Lee DMD

Every dental patient has the right to informed consent. That means a patient should understand what is being proposed, what the possible complications and risks are, and what the alternatives are to treatment. Of course, one alternative is to do nothing, though that carries with it its own risks. My signature below confirms that I understand that no dental treatment is completely risk free, and that Dr. Lee will take reasonable steps to limit any complications of my treatment and to provide competent dentistry with comfort and care.

I understand that some after treatment effects and complications tend to occur with regularity. For routine fillings, dental cleanings, and prescription of medications, I understand this includes but is not limited to: temporary soreness, temperature sensitivity, and unusual reaction/allergy to medications given or prescribed. Also, medications have common side effects that are listed by the manufacturer. Further, if you are taking other medications, your dental medications could have an adverse interaction and you need to fully disclose your medications to the dentist and your pharmacist. This includes herbal supplements. For the administration of local anesthetic, I understand that for many treatments and procedures I will be given a local anesthetic injection and that in a certain percentage of cases patients have had an allergic reaction to the anesthetic, an adverse medication reaction to the anesthetic, or temporary or permanent injury to nerve and/or blood vessels from the injection.

For oral surgery, there is always a risk of a postoperative infection, nerve damage and iatrogenic injury (inadvertent). In rare cases, the complications from surgery can be permanent, disabling or even cause death.

I understand that the area(s) may be uncomfortable following treatment and my jaw may be stiff and sore from holding my mouth open during treatments such as root canal therapy, extractions, and oral surgery. I understand that all treatments and procedures have risk of separation of dental instrument, which may become lodged in a gum or other soft tissue or aspirated. Should I experience any of these or other conditions during or following treatment, I will contact your office as soon as possible. I have the right to ask Dr. Lee for more information if I have any concerns about my procedures and the possible side effects or complications, and I promise to use that right to my fullest extent if, for any reason, I feel I am not fully informed about my procedure, the risks of the procedure, and my alternatives to the procedure.

Print Name of Patient

Date

Signature of Patient, Parent, or Legal Guardian