



General Informed Consent

Examinations and x-rays

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

Drugs, medication, and sedation

I understand that antibiotic, analgesics, and other medications can cause allergic reactions such as redness, swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). They may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs. I understand that and fully agree not to operate any vehicle or hazardous device for at least 12 hours or until fully recovered from the effects of the anesthetic medication and drugs that may have been given me in the office for my treatment. I understand that failure to take medications prescribed for me in the manner prescribed may offer risks of continued or aggravated infection, pain, and potential resistance to effect treatment of my condition. I understand that antibiotics can reduce the effectiveness of oral contraceptives.

Changes in treatment

I understand that during treatment, it may be necessary to change or add procedures due to conditions found while working on teeth, the most common being root canal therapy following routine restorative procedures. I give my permission to the dentist to make these changes as necessary.

Temporomandibular joint dysfunctions

I understand that symptoms of popping, clicking, locking and pain can intensify or develop in the joint of the lower (near the ear) subsequent to routine dental treatment wherein the mouth is held in the open position. However, symptoms of TMJ associated with dental treatment are usually transitory in nature and well tolerated by most patients. I understand that should the need for treatment arise, that I will be referred to a specialist for treatment, the cost of which is my responsibility.

With any dental treatment, there is a possibility of injury to the nerves of the lips, jaws, teeth, tongue or other oral or facial tissues. The resulting numbness that could potentially occur is usually temporary, but in rare instances it could be permanent. I understand that every reasonable effort will be made to ensure that any condition is treated appropriately. No guarantee or assurance has been given to me by anyone that any proposed treatment or surgery will cure or improve any conditions.

Dental Materials

A dental materials fact sheet is available at https://www.dbc.ca.gov/formspubs/pub_dmfs2004.pdf

Signature: _____

Date: _____