

General Consent for Dental Treatment

I understand the purpose of this **General Consent** is to raise my awareness of risk that are common-place in any dental procedures. I understand my dentist/hygienist reserves the right where appropriate (for example: for root canal therapy, extractions and other oral surgery, treatment of gum disease, placement or restoration of implants, crowns bridges, dentures, oral and parenteral sedation) to provide me with a more specific informed consent discussion.

I understand that every dental patient has the right to informed consent. That means that as a patient or as a legal guardian for a patient I should understand what treatment is being proposed, what the possible complications and risks are, and what the alternatives are to the treatment. Of course, one alternative for me is to do nothing although that carries with it its own risk.

For routine fillings, dental cleaning, and prescription of medications: I understand this includes but is not limited to: temporary soreness, temperature sensitivity, unusual reaction/allergy to medications given or prescribed. Also, medications have common side effects that are listed by the manufacturer. Further, if I am taking other medications, my dental medications could have an adverse interaction, and I need to fully disclose all of my medication to the dentist, hygienist and 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 which may cause untoward reaction or side effects which may include, but are not limited to cardiac stimulation, bruising, muscle soreness, temporary or rarely permanent numbness, or temporary or permanent injury to nerves and/or blood vessels which may cause hematoma (blood that leaves the capillary and collects in a confined area). In a certain percentage of cases patients have had an allergic reaction to the anesthetic. I understand that the injection area(s) may be uncomfortable following treatment, that my jaw may be stiff and sore from holding my mouth open during treatment.

For oral surgery: I understand that there is always a risk of a post-operative infection, nerve damage and iatrogenic injury (and injury that might arise from our treatment or advice). In rare cases, the complication from surgery can be permanent, disabling or even cause death.

I understand that all treatments and procedures have a risk of separation or breakage of dental instruments which may become lodged in a gum or other soft tissue or aspirated. I understand that occasionally needles break and may require surgical retrieval. Should I experience any of these or other conditions during or following treatment, I will contact the office as soon as possible.

I understand that the practice of dentistry is not an exact science, Lynden Park Dental offers no guarantees or assurances as to the outcome of results of treatment or surgery.

I have the right to ask my dentist/hygienist for more information if I have any concerns about my procedures and the possible side effects or complications. I promise to use that right to its fullest extent if for any reason I feel I am not fully informed about my procedure, the risk of the procedure, and my alternatives to the procedure.

My signature below confirms that I understand that no dental treatment is completely risk free, and that my dentist/hygienist will take reasonable steps to limit any complication 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.

Signature

Date