Member of the American Academy of Cosmetic Dentistry

Todays Date:



## DENTAL

| r ersonar imormado.                         | 11.                | the state of the s |             |  |
|---|--------------------|--|-------------|--|
| Name:                                       |                    |  | Birth Date: |  |
| Address:                                    |                    |  |             |  |
| Home Number: Cell Num                       | nber:              | Work Number:   | E-mail      |  |
| Employer:                                   | Occupatio          | n:   |             |  |
| Address:                                    |                    |  |             |  |
|   |                    | Employer:  |             |  |
| EMERGENCY CONTACT: NAME                     | TACT: NAME NUMBER: |  | BER:        |  |
| Who may we thank for referring you to our o | ffice?             |  |             |  |
| Insurance Informati                         | on:                |  |             |  |
| Insurance Company Name:                     |                    | Policy Number  |             |  |
| Name of covered employee:                   |                    |  |             |  |
|   |                    |  | D 1         |  |

## Consent for Treatment & Authorization Release:

By state law we are required to make an attempt to inform patients of possible complications, even though rare, which could result from anesthesia, local and or sedation.

\* Allergic reactions which could require hospitalization.

Dansanal Infammation

- \* Cardiac arrest, which could result in brain damage or even death.
- \* It must be understood that these complications are extremely rare and every possible precaution will be taken to prevent their occurrence as well as to treat them successfully should they occur.

The most common, even though rare, complications resulting from tooth extractions, periodontal therapy, cyst removal, biopsies, fillings, root canal therapy, crowns, veneers, bridges, etc, are:

- \* Bleeding heavy enough to stop therapy.
- \* Injury to adjacent teeth and fillings.
- \* Post-operative infection requiring additional treatment
- \* Possibility of a small piece of root being left in the jaw when its removal would require extensive surgery.
- \* Fracture or breakage of the jaw.
- \* Post-operative discomfort and swelling which may necessitate several days of home recuperation.
- \* Stretching of the corners of the mouth resulting in cracking and bruising.
- \* Recession of the gingiva (gums)
- \* Tooth mobility
- \* Tooth sensitivity, which may require additional treatment.
- \* Nerve injury, sensory and or motor, adjacent or on the side of the surgical site, especially underlying the teeth resulting in numbness of the palate, lips, tongue, chin, face, or other anatomical structures in the head and neck.

| Signature of Patient or Guardian |
|----------------------------------|
|----------------------------------|