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GENERAL CONSENT

Thank you for choosing our office for your dental care. We will work with you to help achieve excellent oral health and aesthetics. While recognizing the benefits of a healthy mouth, pleasing smile, and teeth that function properly, we must make you aware that dental treatment, like treatment of any other body part, has inherent risks. These are seldom great enough to offset the benefits of treatment, but you must consider them when making treatment decisions.

Drug Reactions – Dental materials, anesthetics, and medications may cause allergic or sensitivity reactions. This can result in pain, bruising, or swelling.

Temporary or permanent numbness or paresthesia – Local anesthetic or its administration or nerve damage during surgery can result in transient, or in rare instances, permanent numbness.

Muscle or jaw joint tenderness – Holding one’s mouth open can result in muscle or joint tenderness or can precipitate TMJ disorder. We have methods and materials to help ease discomfort during long appointments.

Post-operative sensitivity in the teeth or gums – The teeth and gums have nerves just like other parts of the body. After numbness subsides, discomfort can occur. We will discuss this with you based on your specific treatment.

Infection or bleeding – We strictly adhere to required sterilization protocols. Infection is caused by the bacteria that naturally exist in your mouth.

We always follow standard guidelines and safety protocols. Just like any other pursuit in health care, not everything turns out the way it is planned. We will do our best to assure that it does.

Long term success of treatment and the status of your oral health depends on your efforts at proper oral hygiene and maintenance of regular recall visits as recommended by our doctors and hygienists. Your failure to follow our recommendations to prevent or treat periodontal disease (gum disease) may lead to tooth loss as a result of bone loss due to periodontal disease, infection or tooth decay.

Feel free to ask us questions regarding all dental procedures that are recommended to you.

I have read and understand all statements on this page:

SIGNATURE: _____ DATE: _____

