



General Consent for Dental Treatment

I hereby authorize Graves Family Dentistry to conduct dental treatment, including necessary or advisable examination, radiographs (x-rays), diagnostic aids, or local anesthesia.

In general terms, dental treatment may include but is not limited to one or more of the following:

- Administration of local anesthesia
- Cleaning of the teeth and application of topical fluoride
- Scaling and root planing with local anesthesia
- Application of sealants to the grooves of the teeth
- Treatment of diseased or injured teeth with dental restorations
- The replacement of missing teeth with a dental prosthesis (crown, partials, etc.)
- Removal (extraction) of one or more teeth
- Treatment of diseased or injured oral tissues (hard and/or soft)

I understand that there are risks involved in this treatment and that the success of the dental treatment provided will require that the patient and/or parents of the patient follow post-operative and post-care instructions as given, and regular office visits as scheduled by my dentist and his auxiliaries.

Risks of Dental Procedures in General

There are possible risks and complications associated with the administration of local anesthesia. The most common of these are swelling, bleeding, pain, nausea, vomiting, bruising, tingling, and numbness of the lips, gums, face and tongue, allergic reactions, hematoma (swelling or bleeding at or near the injection site), fainting, and lip or cheek biting resulting in ulceration and infection. I also understand that there are rare potential risks that can result in respiratory and cardiovascular collapse (stopping of breathing and heart function) and lack of oxygen to the brain that could result in coma or death.

Additional possible complication include (but are not limited to) complications resulting from the use of dental instruments, drugs, medicines, analgesics (pain killers), and anesthetics. Thrombophlebitis (inflammation to a vein), reaction to injections, change in occlusion (biting), muscle cramps and spasms. Temporomandibular jaw (TMJ) joint difficulty, loosening of teeth or restorations in teeth, injury to other tissues. Referred pain to the ear, neck and head, nausea, allergic reactions, itching, bruises, delayed healing, sinus complications and further surgery.

I understand that during treatment it may be necessary to change and/or add procedures because of conditions found while working on the teeth that were not discovered during examination. Upon my consent, I will give permission to the dentist to make any/all changes and additions as necessary.

Alternative Treatment

I understand that I have the right to choose, on the basis of adequate information, from alternate treatment plans that meet professional standards of care.

By signing below, I consent to the general treatments and/or proposed treatment.

Patient/Guardian Name (*Print*)

Signature

Date