

# Informed Consent for General Dental Procedures

Patient's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

I give my consent for myself / child to receive dental treatment deemed necessary by the providers at the office of Dr. Kevin P. Mischley, DMD. These procedures include, but are not limited to, examinations, oral prophylaxis (cleanings), fluoride treatments, sealants, radiographs, photographs of the head and neck areas, including profile, face, teeth, smile and intraoral features, restorations (composite fillings, amalgam fillings "silver" or "metal" fillings and crowns), periodontal (gum) treatments, endodontic (root canal) treatments, extractions, implant surgery, implant restoration, and local anesthetics. I understand that the use of local anesthetics carries a small risk for swelling, bruising, allergic reaction, changes in pain perception, or prolonged anesthesia.

As with all surgery, there are commonly known risks and potential complications associated with dental treatment. No one can guarantee the success of the recommended treatment or that you will not experience a complication or less than optimal result. Even though many of these complications are rare, they can and do occur occasionally.

It is very important that you provide your dentist with accurate information before, during and after treatment. It is equally important that you follow your dentist's advice and recommendations regarding medication, pre and post treatment instructions, referrals to other dentists or specialists and return for scheduled appointments. If you fail to follow the advice of your dentist, you may increase the chances for a poor outcome. If you have any questions regarding your dental treatment you agree to ask your dentist before, during or after treatment so that things are made clear to you.

Certain heart conditions may create a risk of serious or fatal complications. If you (or a minor patient) have a heart condition, advise your dentist immediately so he / she can consult with your physician if necessary.

This consent shall be considered in effect until rescinded or revoked.

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(Sign your name)	(Relationship)	(Date)
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