

**CONSENT FOR DENTAL TREATMENT
JAMES L. GALLAGHER, D.D.S.
3403 RIVERS EDGE TRAIL
KINGWOOD TX 77339**

Patient's name

Date

PLEASE INITIAL EACH PARAGRAPH AFTER READING. IF YOU HAVE ANY QUESTIONS, PLEASE ASK FOR DOCTOR BEFORE INITIALING.

1. APPOINTMENTS

When scheduling an appointment, we are reserving chair time with the Dr., assistants and or dental hygienist. This time is reserved just for you and we appreciate prompt arrival as to not cause delays in your treatment. Any cancellation within 24 hours of your appointment time or failure to keep your appointment time will result in a \$75.00 charge to be applied to your account.

2. TREATMENT:

I understand that I may have the following dental treatment performed: Fillings, Crowns, Bridges, Dentures, Extractions, Impacted tooth removal, Root Canals, Mini Implants, treatment of periodontal disease or other work deemed necessary.

3. DRUGS AND MEDICATIONS:

I understand that antibiotics, analgesics, anesthetics and other medications can cause allergic reactions, resulting in redness and swelling of tissues, itching, pain, nausea and vomiting or more severe allergic reactions. I have informed the doctor of any known allergies. Certain medications may cause drowsiness and it is advisable not to drive or operate hazardous equipment when using such drugs.

4. RISKS OF DENTAL ANESTHESIA:

I understand that pain, bruising, and occasional temporary or sometimes-permanent numbness in lips, cheeks, tongue or associated facial structure can occur with "shots". About 90% of these cases resolve themselves in less than 8 weeks. Although very rarely needed, a referral to a specialist for evaluation and possibly treatment may be needed if the symptoms do not resolve.

5. CROWNS, BRIDGES, INLAYS, AND ONLAYS:

I understand that it is sometimes not possible to exactly match the color of natural teeth with artificial teeth. I further understand that I may be wearing temporary crowns that are prone to loosening and may need recementing. I will notify my doctor of that occurrence so that a temporary restoration is maintained until the final restoration is delivered. I realize that any changes I may desire in color, shape, size, etc. of a crown must be made prior to final fabrication. It is my responsibility to return within one month of tooth preparation for final cementation of the restoration. I understand I may need further treatment in this office or possibly by a specialist if complications arise during treatment, and any costs thus incurred are my responsibility.

6. DENTURES:

I understand that wearing dentures is not a simple process, that chewing efficiency will be diminished, and that dentures are not "permanent". I also understand that, while I will no longer suffer from dental decay or infection, I could experience denture related problems such as; shrinking bone and gums, poor chewing ability, altered speech, reduced taste and constant denture movement. Most denture wearers become used to these symptoms quickly while others take time, and there is a small number of patients who never do. Immediate dentures (placement of a denture immediately after extractions) may be quite comfortable for several days. Immediate dentures required frequent adjustments and one or more permanent relines within several months. I understand that failure to keep appointments may result in a less than desirable outcome. If a remake is required due to my delay, additional fees may be incurred.

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