General Discussion and Consent

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Patient's Name ____ Date of Birth ________________________
Last First Initial

I am being provided this information and consent form so I may better understand the treatment recommended for me. Before beginning, I want to be provided with enough information, in a way I can understand, to make a well-informed and confident decision regarding my proposed treatment.

I understand that I may ASK ANY QUESTIONS I WISH, and that it is better to ask them before treatment begins than to wonder about it after treatment has started.

Nature of the Recommended Treatment

It has been recommended that I have the following treatment:
____
____
____

This recommendation is based on visual examination(s), on any x-rays, models, photos and other diagnostic tests taken, and on my doctor's knowledge of my medical and dental history. My needs and wants have also been taken into consideration. The treatment is necessary because of:

☐ Pain ☐ Infection ☐ Periodontal (gum) disease ☐ Decay ☐ Broken Tooth/Teeth
☐ Other ____
____

The intended benefit of this treatment is:
____
____

The prognosis, or chance of success, of this treatment is: ____

My treatment is estimated to take __________ visits to complete, but I understand it could be shorter or longer based on what happens once treatment begins.

My treatment is estimated to cost $_____________. I understand this is only an estimate and that I will be informed as soon as possible if the cost estimate changes.

Alternative Treatments

The treatment recommended for me was chosen because it is believed to best suit my needs. I understand that alternative ways to treat my dental condition include:
____
____

☐ No other reasonable treatment option exists for my condition.

___________ I have had an opportunity to ask questions about these alternatives and any other treatments I
Patient's Initials have heard or thought about, including ____.

Risks of the Recommended Treatment

Patient: ___________________________

I understand that no dental treatment is completely risk free and that my dentist will take reasonable steps to limit any complications of my treatment. I understand that some after-treatment effects and complications tend to occur with regularity.
These include:
____
____
____

____
Patient's Initials I have had an opportunity to ask questions about these risks and any other risks I have heard or thought about.

Acknowledgment

I have provided as accurate and complete a medical and personal history as possible, including antibiotics, drugs, or other medications I am currently taking as well as those to which I am allergic. I will follow any and all treatment and post-treatment instructions as explained and directed to me and will permit the recommended diagnostic procedures, including x-rays.

I realize that in spite of the possible complications and risks, my recommended treatment is necessary. I am aware that the practice of dentistry is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the procedure.

I, ____, have received information about the proposed treatment. I have discussed my treatment with Dr. _________________________________ and have been given an opportunity to ask questions and have them fully answered. I understand the nature of the recommended treatment, alternate treatment options, and the risks of the recommended treatment.

I wish to proceed with the recommended treatment.

Specialty Treatment Acknowledgement (if applicable)

I understand that this procedure can also be performed by a _________________ (a dental specialist).
I understand the risks and elect to have this procedure done by Dr. ___________________.
I understand that if any unexpected difficulties occur during treatment, I may be referred to a ____________________ for further care.

____
Patient's Initials

Signed: ____ Date: _______________________________
Patient or Guardian

Signed: ____ Date: _______________________________
Treating Dentist

Signed: ____ Date: _______________________________
Witness Discussion and Consent