



## Dental Treatment Consent Form

Patient Name: \_\_\_\_\_

1. **Health Information**  
I agree to disclose all previous illness and medical history. Undisclosed medical information and current medication, allergies or illness are risk factors.
2. **Drugs, Latex and Medicines**  
I understand that antibiotics and other medicines can cause allergic reactions and even life-threatening anaphylaxis. Also, some antibiotics interfere with birth-control pills. Latex allergy can cause rashes and itching. Epinephrine increases heartbeat, and depending on my health, may be dangerous to me.
3. **Needle Stick**  
If someone is inadvertently struck with a needle used on me, I consent to have my blood drawn for analysis.
4. **Fillings, Crowns, and Un-anticipated Root Canals**  
Some teeth may need a root canal even after a simple filling. Fillings and crowns do take away tooth structure and a percentage of these teeth end up needing a root canal after the filling or crown is done.
5. **Root Canals can Fail**  
Root Canals can fail and may require additional treatment or I may end up having the tooth extracted.
6. **Porcelain Crowns, Veneers, Bonding, and Cosmetic Fillings**  
Porcelain crowns, veneers, cosmetic bonding and composite fillings are esthetically pleasing. However, I understand that if they chip or break after in use successfully, I am responsible for repairs or remakes. Once a crown, veneer, bonding or filling is placed, I understand the color cannot be changed.
7. **Gum Treatment and Requesting “Just a Cleaning”**  
If I don’t floss or if I smoke, I can expect to have deteriorating gum condition. I agree that if I need gum treatment, I will not insist that I simply get a cleaning (prophylaxis).
8. **Extractions and Surgery**  
I understand that all dental extractions or surgeries carry risks. Some are minor like a dry-socket following an extraction. Some are life-threatening such as post-surgical infection or anaphylaxis.
9. **Fee for Additional or Specialty Care**  
I understand that I may need treatment beyond what was originally planned (a crowned tooth becomes painful and will need a root canal), or I may be referred to a specialist for additional care (root canal was not successful). I agree to be financially responsible for what insurance does not cover.
10. **Limitations of Insurance Coverage**  
There are charges beyond what insurance will pay, e.g. composite fillings instead of amalgam (silver) fillings, temporary dentures, tapping off crowns or bridges, bleaching or cosmetic work. Also, as a service to patients, this office will file insurance claims on their behalf. I understand that what may be quoted as my portion (co-payment) is only an estimate. I agree to be financially responsible for what the insurance does not cover.
11. **48 Hour Notice for Cancellation**  
I agree to give 48 hour notice for cancellations or pay the broken appointment fee of \$50.00. I understand that leaving a message after the office closed the day (or weekend) before is not sufficient notice.
12. **Requesting Record Transfers**  
Professional Courtesies are between dentists. I agree not to request records until I have a new dentist.
13. **Dental Appointments**  
If I am more than 15 minutes late for my dental appointment, I will either take my remaining time only or reschedule and pay a broken appointment fee.

I do not expect guarantees in dental care. I have read the above and consent to treatment. I hereby acknowledge that I have read this document and have had the opportunity to ask any questions about anything that I do not fully understand.

\_\_\_\_\_  
Patient/Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature