

CONSENT TO PERFORM DENTISTRY

I hereby authorize and direct Center One Dental Associates and or dental auxiliaries of his/her choice to perform the following dental treatment or oral surgery procedures (s), including the use of any necessary or advisable local anesthesia, radiographs (x-rays), or diagnostic aids:

- A. Preventive hygiene treatment (prophylaxis) and the application of topical fluoride.
- B. Application of protective "sealants" to the grooves of the teeth.
- C. Treatment of diseased or injured teeth with dental restorations (fillings and crowns).
- D. Removal (extraction) of one or more teeth.
- E. Treating diseased or injured oral tissues (hard and/or soft).
- F. Treatment of malposed (crooked) teeth and/or oral developmental or growth abnormalities.

I understand that there are risks involved with any treatment and hereby acknowledge that these will be explained to me if any exist. I will have an opportunity to ask questions regarding the treatment and the risks, and I fully understand the same.

I agree to the use of local anesthesia and the use of nitrous oxide/oxygen analgesia, depending on the judgment of the doctor/s. Nitrous oxide/oxygen may occasionally produce nausea and vomiting. I am also aware that the nose piece leaves an indentation or ring around the nose, which disappears shortly after the procedure. I understand and have been informed of the above risks and complications.

I recognize that during the course of treatment, unforeseen circumstances may necessitate additional or different procedures from those discussed. These changes will be reviewed with me before rendering any further treatment, and I will be allowed to ask questions regarding such treatment. Any additional changes in treatment will always be guided with your oral health in mind.

Potential risks and complications are associated with administering local anesthesia, sedation, and drugs. 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, lip and cheek biting resulting in ulceration and infection of the mucosa. I also understand that there are rare potential risks, such as unfavorable reactions to medications 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. I understand and have been informed of the above risks and complications.

_____ I authorize the doctors to use photographs, radiographs, other diagnostic materials, and treatment records for the purposes of teaching, research and scientific publications, and case presentations.

_____ I do not authorize the doctors to use photographs, radiographs, other diagnostic materials, and treatment records for the purposes of teaching, research and scientific publications, and case presentations.

I have been advised that the success of the dental treatment to be provided will require that the patient and the parents follow post-operative and post-care instructions of the dentist/s. I agree that the success of the treatment requires that all post-operative and post-care instructions be followed and that regular office visits as scheduled by my dentist and his/her auxiliaries must be maintained.

I hereby state that I have read and understand this consent and that all questions about the procedures will be answered in a satisfactory manner; and I understand that I have the right to be provided answers to questions that may arise during and after the course of my treatment.

I understand that this consent will remain in effect as long as I am a patient at Center One Dental Associates. **NO Treatment will be performed before authorization from the patient, parent, or caregiver.** Additionally, specific procedures will require consents that are specific to such procedures.

Patient Name: _____

Patient Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____