

## **General Information and Consent**

Before any work is performed we will discuss all options and decide on the best course of treatment. Although rare, there can be complications. Therefore, no guarantee, expressed or implied, can be given to me regarding treatment.

Although there occurrence is rare and unpredictable, some risks are known to be associated with oral surgery, dental procedures, and associated anesthetics and medications. We are required to disclose the known risks. Such risks include, but are not limited to; short and long term numbness (paraesthesia), infection, aspiration and/or swallowing of dental materials, swelling, bleeding, discoloration, nausea, vomiting, allergic reactions, scarring, sensitivity in teeth or gums, and muscle or joint tenderness. I understand and accept that complications may require medical assistance and/or hospitalization. I also understand that during treatment it may be necessary to change or add procedures based on conditions found while working on the gums or teeth that were not previously discovered during initial examination. The most common added procedure we recommend is root canal therapy following restorative procedures. In rare cases during an extraction it may be necessary to refer the case to an oral surgeon for completion. I give my permission to make any/all changes and additions as necessary.

In order to complete treatment it may be necessary to consult with or refer you to a colleague or dental specialist. With your verbal consent we will transmit your treatment plan, related notes, and related x-rays. Identifying information will be limited to your name only. These emails are sent unencrypted unless otherwise requested. All communications that include sensitive information such as SSN's, address, etc. will be sent using industry standard 256-bit encryption.

**I certify that I have read and fully understand this consent form. I have been given the opportunity to ask questions regarding this consent and proposed treatment. I also understand that this consent will remain in effect until such time I choose to terminate. Such termination of consent must be in writing.**