Clemmons
COMPREHENSIVE DENTAL CARE

General Consent Form

Patient Name: _____**Date**:_____

Date of Birth: _____ _____**please read this form before you sign it.**

Medical History Information

Please understand that it is important that you divulge any information about your medical history to your dentist. It is important that you inform us of any medicines that you are taking each time that you come to an appointments some medications can cause harmful reactions with dental anesthetics, analgesics, antibiotics or other medications. Please be sure to provide us with a list of any drug allergies you have.

Restorations

I understand that care must be exercised in chewing on fillings until directed by doctor or staff to avoid breakage or soft tissue damage. I understand that a more extensive filling than originally diagnosed may be required due to additional decay, which may not be fully detectable on a radiograph. I understand that sensitivity may occur after a newly placed filling.

Changes in Treatment Plan

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination, for example, root canal therapy following routine restorative procedures. I give my permission to the Dentist to make any/all changes and additions as necessary after consultations.

Complications

Complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics(pain killers), anesthetics, and injections include (but are not limited to) swelling, sensitivity, bleeding, pain, infection, numbness and tingling sensation in the lip, tongue, chin, gums, cheeks, and teeth (which is transient but on infrequent occasion, may be permanent), reaction to injections, changes in occlusion (biting), jaw muscle cramps and spasms, temporomandibular (jaw) difficulty, referred pain to ear, neck, and head, nausea, vomiting, allergic reactions, delayed healing and treatment failure. The risks of complications from medications used/prescribed with general dental treatment include, but are not limited to, drowsiness, lack of awareness and coordination, nausea, allergic reaction, etc. (which may be influenced by the use of alcohol, tranquilizers, sedatives or other drugs), [It is not advisable to operate any motor vehicle or hazardous device while experiencing side effects of the medications we may prescribe.] [Antibiotics are known to decrease the effectiveness of oral contraceptives, so it is advised that other contraceptive measures be taken during the administration of antibiotics.]

X-rays and photos

Modern dental x-ray equipment is extremely low-dose radiation. Diagnostic x-rays provide the dentist with valuable information about your teeth and supporting bone that cannot be evaluated otherwise. Our office takes the minimum x-rays to allow us to do a thorough exam for each patient. All patients 18 years and older will receive a full mouth series of intra-oral x-rays. Without these x-rays, we cannot do a complete exam or the entire mouth and jaw. We may also take photos of our patients as part of their permanent record.

I authorize Clemmons Comprehensive Dental Care to take photographs, slides, and videos of my teeth, jaws, and face. I understand that the photographs, slides, and videos will be used as a record of my care, and may be used for communication with other health care professionals, educational publications (dental journals), and educational lectures. The content may also be used for advertising purposes (including website publication, Facebook posts, etc.). I further understand that if the photographs, slides, and videos are used in any publication or as a part of a demonstration, my identifying information will not be used. I do not expect compensation, financial or otherwise, for the use of these photographs. If I wish to revoke this consent, I may do so in writing.

Specific Problem Examinations

In the event that a patient requests only a specific problem be addressed (i.e.: broken tooth, pain in one area, etc.) this is considered a problem focused evaluation. X-rays will be taken in this specific area only, and a complete comprehensive examination will not be done. The dentist cannot diagnose problems in other areas of the mouth. Please understand that this appointment will be for the treatment/diagnosis of an emergency/urgent need. Any future treatment of other areas will require additional x-rays and a complete exam. You will not be considered a patient of record unless this examination is completed.

Minors

We must receive written consent prior to performing any non-emergency dental procedures on a minor, grandparents, step-parents, friends, relatives, etc. are not legally allowed to consent to dental procedures, unless they have been given written consent by the parent or legal guardian. Please do not send your child to an appointment alone or with someone other than yourself, unless you have filled out any necessary consent forms prior to the appointment, otherwise we may have no choice but to reschedule your child's appointment to another day.

Request for records/x-rays

By law we are required to keep a patient's original x-rays and record in this office. Original x-rays or records will not be released. The patient or a designated person may request copies of their x-rays or record; however, there is a fee for duplication. We also require a minimum of 5 days' notice to copy x-rays. There is no fee for you to have a second opinion and /or have actual treatment performed at a specialist.

I hereby authorized the dental staff of Clemmons Comprehensive Dental Care to proceed with and perform the dental restorations and treatment as explained to me. I understand that is only an estimate and subject to modification depending on unforeseen or diagnosable circumstances that may arise during the course of treatment. I understand that regardless of any dental insurance coverage I may have. I am responsible for payment of dental fees. I agree to pay any attorney's fees, collection fees, or court costs that may be incurred to satisfy this obligation. When you provide us with a wireless telephone number or land line number you are giving us your prior express consent to call that number.

I understand that dentistry is not an exact science and that, therefore, reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment that I have requested and authorized. I have had the opportunity to reads this form and ask questions my questions have been answered to my satisfactions. I consent to allow Clemmons Comprehensive Dental Care to take x-rays and perform an examination on me today.

Patient or Guardian Signature: _____ **Date**: _____

Doctor Signature: _____ **Date**: _____

Witness Signature: _____ **Date**: _____