

Dental Treatment Consent Form

Patient Information

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email Address: _____

Treatment Details This form pertains to the dental treatment plan recommended by your dentist, which may include diagnostic, preventive, restorative, and emergency procedures. These treatments may involve, but are not limited to, dental cleanings, fillings, root canals, crowns, extractions, and other forms of oral surgery.

Medical History

- List any known allergies (especially to latex, anesthesia, or antibiotics): _____
- List any current medications, including over-the-counter drugs and supplements: _____
- Do you have any chronic illnesses or conditions? ☐ Yes ☐ No
 - If yes, please specify: _____
- Do you have a history of excessive bleeding or other dental concerns? ☐ Yes ☐ No

Procedure Explanation Your dental treatment may include the following:

- **Examinations and X-rays:** To diagnose issues and plan appropriate treatments.
- **Cleanings and Preventive Care:** To maintain dental health and prevent disease progression.
- **Restorative Procedures:** Such as fillings, crowns, bridges, and dentures to restore the function and aesthetics of your teeth.
- **Root Canal Therapy:** To treat infected or decayed teeth.
- **Extractions:** Removal of teeth that are decayed, damaged, or pose a risk to other teeth.
- **Oral Surgery:** For advanced dental issues, including impacted teeth removal and gum surgeries.
- **Periodontal Treatment:** For gum disease, which may involve scaling, root planing, or more surgical interventions.

Risks and Complications

- **Common Risks:** Pain, swelling, bleeding, infection, and reaction to anesthesia.
- **Procedure-Specific Risks:** Each dental procedure comes with its own set of potential risks, which include, but are not limited to, nerve damage, jaw injury, prolonged bleeding, sinus complications, and temporary or permanent sensitivity.
- **Long-Term Risks:** Failure of dental restorations, need for re-treatment or additional treatments, and in some cases, the loss of a tooth.

Consent and Acknowledgements

1. Informed Consent:

- **Comprehensive Treatment Explanation:** I have been provided with detailed explanations of each type of dental procedure that may be involved in my treatment plan, including diagnostic tests, preventive care, restorative services, and any potential surgical interventions. My dentist has explained the purpose of these treatments, what they entail, the instruments used, and the expected outcomes.
- **Individualized Treatment Plan:** I understand that my consent applies to the procedures within my personalized treatment plan, tailored to meet my specific dental needs as diagnosed by my dentist.

2. Acknowledgment of Risks:

- **General Risks:** I am aware that common risks include discomfort, swelling, bleeding, and infection, and that there is a possibility of unforeseen complications resulting from dental treatment. These risks have been explained relative to specific procedures.
- **Procedure-Specific Risks:** For treatments such as extractions, root canals, and implants, specific risks may include, but are not limited to, nerve damage, extended bleeding, sinus complications, and the possible need for additional surgeries. My dentist has discussed these risks with me in detail.
- **Long-Term Risks:** I understand that some dental procedures may require ongoing maintenance and that the longevity of treatments like fillings, crowns, and dental implants can vary based on lifestyle, hygiene, and regular dental visits.

3. Alternative Treatments:

- **Options and Recommendations:** I acknowledge that I have been informed about alternative treatment options available to me, including the option to decline treatment. For each proposed treatment, alternatives, along with their risks and benefits, have been explained, allowing me to make an informed decision.
- **Decision-Making:** I confirm that my decision to proceed with the recommended treatments, decline certain treatments, or consider alternatives has been made freely and without pressure, based on a thorough understanding of the options presented.

4. Financial Agreement:

- **Costs and Coverage:** I have received a detailed breakdown of the costs associated with my dental treatment plan, including information on what is covered by insurance and what my out-of-pocket expenses will be. I understand my financial responsibilities and the payment options available to me.
- **Consent to Financial Responsibility:** By signing this form, I agree to be financially responsible for the agreed-upon treatments and will adhere to the payment terms discussed.

5. Voluntary Participation:

- **Voluntary Consent:** I confirm that my agreement to undergo the treatments described is voluntary. I have had ample opportunity to discuss my concerns and questions with my dentist, and feel informed enough to consent to treatment.
- **Right to Withdraw Consent:** I understand that I have the right to withdraw my consent and discontinue any dental treatments at any time.

6. Aftercare and Follow-Up:

- **Post-Treatment Instructions:** I commit to following all post-treatment care instructions provided by my dental team to ensure the best possible outcomes and to reduce the risk of complications.
- **Scheduled Follow-Ups:** I agree to attend scheduled follow-up appointments to monitor my progress and to address any issues that might arise post-treatment.

Patient Signature: _____

Date: _____