

Woodstock Dentistry

Brian D. Sass, DMD PC

Consent for Treatment

Our first responsibility is restoring your mouth to a healthy state. For your benefit, a comprehensive examination, including dental x-rays, photos and diagnostic models of your mouth may be necessary before proper decisions and recommendations can be made about your oral condition.

We encourage you to become a part of our maintenance program, which involves periodic recall appointments for exams, x-rays, cleanings, probing and instruction for the prevention of further damage by oral disease.

There are risks involved in all dental procedures. Specific risks include, but are not limited to, infections, swelling, pain, discoloration and partial or complete, permanent or transient, numbness or paresthesia in areas of the oral cavity. Sometimes there are complications that cannot be foreseen. If we are not able to resolve your chief complaint, we will assist you in finding a specialist that can accommodate your needs.

Alternative methods of treatment and the consequences of no treatment will be explained. The procedures involved in dental treatment may include the use of anesthetics, sedatives and other medications. Changes in any treatment plan will be discussed with you for your approval.

You may ask questions regarding any proposed procedure and the risk involved, and you have the right to refuse any procedure.

My signature below indicates that I have read and accepted the above statements.

Patient or Responsible Party (Please sign)

Date