New Orleans HCH Dental

Patient Name Date

CONSENT FOR DENTAL TREATMENT

AND ACKNOWLEDGMENT OF RECEIPT OF INFORMATION

***State law requires us to obtain your consent for dental treatment****.* Please ask us about anything you do not understand and we are ready to answer any questions or explain anything.

There are risks associated with any dental treatment. This includes the administration of any local anesthetic agent, analgesic agent(s) to produce conscious sedation, and /or premedication prior to dental care being rendered. Some of these risks/complications when receiving any dental treatment are but are not limited to the following:

Infection Bleeding

Failure of wound to heal

Injuries to adjacent teeth and /or soft tissue

Paresthesia or numbness of: tongue, and/or mouth, and/or face Fracture of Mandible (lower jaw) or Maxilla (upper jaw) Opening between mouth and sinus or mouth and nose

Tooth or fragment in maxillary sinus Incomplete removal of tooth

Dry socket Loss of teeth Loss of bone

Slough (unanticipated loss of hard and/or soft tissue) Injury to adjacent structures

Instrument breakage

Breakage of root(s) and retained root fragments Swallowing and/or aspiration of objects Allergic reaction to drugs

Trismus (jaw pain or difficulty opening mouth) Failure of treatment to accomplish its purpose Death (in rare instance)

Bacterial Endocarditis

Additional oral surgery, hospitalization and/or further treatment may be required in the event of any complications

I acknowledge that I have read, or that it has been read to me and I understand the information contained on this form. I was given adequate opportunity to ask any questions and that all questions were answer to my satisfaction. Any alternatives to the recommended treatment, including no treatment have been explained to me.

I hereby authorize and direct the dentist and/or associates, assistants of their choice to perform the diagnostic, surgical and/or dental treatment. The consent will remain in valid until revoked by me in writing.

Signature (Self or Legal Guardian) Print Name Date