Patient Information/Informed Consent Form

This information is provided to help you understand the treatment I am recommending for you. Before I begin treatment, I want to be certain that I have provided you with enough information in a way you can understand, so that you're well informed and confident that you wish to proceed. This form will provide some of the information. I will also have a discussion with you.

PLEASE BE SURE TO ASK ANY QUESTIONS YOU WISH. It's better to ask them now, than wonder about it after we start the treatment.

I am recommending the following treatment(s) for you:

Reason for above treatment:

☐Un-savable tooth ☐ Advanced Bone loss ☐ Advanced dental decay ☐ Pathology

☐ Other: _____

I base this recommendation on the visual examination(s) I have performed, on any x-rays, models, photos and other diagnostic tests I have taken, and on my knowledge of your medical and dental history. I have also taken into consideration any information you have given me about your needs and wants.

Patient Declaration:
The benefits and risks of the treatment have been explained to me and I fully understand the procedure. I have also been provided with the information leaflet regarding the treatment which gives me a clear understanding of the procedure.

Extractions

Alternatives to removal of teeth have been explained to me (root canal therapy, crown and bridge procedures, periodontal therapy, etc.)

I understand removing teeth does not always remove the infection, if present, and may be necessary to have further treatment.

I understand the risks involved in having teeth removed, some of which are pain, swelling, spread of infection, dry socket, loss of feeling in my teeth, lips, tongue and surrounding tissue (paresthesia) that can last for an indefinite period of time, or fractured jaw.

I understand I may need further treatment by a specialist if complications arise during or following treatment, the cost of which is my responsibility.

I understand that dentistry is not an exact science and that, therefore, reputable practitioners cannot property guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment, which I have requested and authorized.

Patient Name: _____ Signature: _____ Date: _____

Dentist Name: _____ Signature: _____ Date: _____