CANTRELL FAMILY DENTISTRY

INFORMED CONSENT

PATIENT'S NAME:_____ DATE OF BIRTH:_____

1. I, _____, authorize Drs. Jonathan and Sarah Cantrell and/or such associate dentists/hygienists/assistants may be selected by him/her to perform the following diagnostic and preventative procedures: clinical exam, x-rays, prophylaxis, and fluoride application as well as other diagnostic procedures as the dentist deems indicated.
2. I recognize the need for my dentist to exercise his/her professional judgment on my behalf and I therefore specifically authorize my dentist to select alternate methods of treatment based on my condition as disclosed during the procedure(s) authorized by my execution of this form, including conditions which were unknown at the time of surgery or dental procedure(s) were begun.
3. I understand that there are certain inherent risks and consequences that may be associated with any surgical, dental or anesthetic/sedative procedure(s). I understand that not every conceivable hazard can be listed. I realize the following possibilities exist, however infrequent or rare: allergic reactions to medications, anesthetics, etc.; drug interactions and side effects; excessive bleeding (during the procedure and/or after the procedure); postoperative bruising and discomfort; blood clots anywhere in the body; postoperative infection of bone inflammation; possible involvement of the sinus of the upper jaw during removal of upper back teeth, requiring possible surgery for repair at a future date; possible involvement of the nerve with the lower jaw during removal of lower teeth, resulting in usually temporary but sometimes permanent numbness and/or tingling in the lower lip and/or tongue; fracture or dislocation of the jaw; bruising and or vein inflammation at the site of injections; damage to adjacent teeth, restorations and/or gum tissue. THESE ARE NOT PROBABLE RESULTS, THEY ARE STATISTICAL POSSIBILITIES.
4. Knowing these risks, I consent to the dental and diagnostic procedure(s) outlined above.

_____ _____

Signature Date

456 Country Club Rd Wylie TX 75098 • Suite 104 • Phone 972.442.9139 • Fax 972.442.9061
www.cantrellfamilydentistry.com