General Consent to Treatment

I understand that every dental patient has the right to informed consent. That means that as a patient, or as a legal guardian for a patient I should understand what treatment is being proposed, what the possible complications and risks are, and what the alternatives are to the treatment. Of course, one alternative for me is to do nothing which carries it's own risk. I also understand my dentist reserves the right, where appropriate to provide me with a more specific informed consent discussion for major treatment (for example root canal therapy, extractions, treatment of gum disease, implants etc.). I understand that some after treatment effects and complications can occur.

I understand that the doctors and staff will use clinical and patient management techniques that are reasonable, necessary, and advisable. I also authorize the administration of anesthetics and analgesics that may be deemed appropriate by Melrose Family Dentistry. I understand that the purpose for using local anesthetics may be therapeutic, diagnostic or for the treatment of facial pain. I understand that the potential complications from routine treatment include, but are not limited to allergic reaction, pain, swelling, bruising, temporary limited opening and local infection. I understand that in occasional cases the anesthesia may be prolonged and in very rare cases permanent. I understand that it is my responsibility to inform the dentist in changes of my medical history and medications prior to the appointment.

I understand that I am responsible for attaining any current x-rays that may have been taken at a previous office. I understand that the doctor, the hygienist or the dental assistant may need to take x-rays of my teeth for proper diagnosis and treatment. It is my right to not consent to these x-rays. I understand that by not consenting to x-rays, the doctor will not be responsible for any missed diagnosis of pathology.

I understand that any treatment plans presented, along with the fees outlined, could change depending on the time elapsed since the initial examination and extent of dental pathology. Occasionally, once the treatment plan has been started, complications may arise that dictate additional procedures or treatment. The staff of Melrose Family Dentistry will always advise me of any cost and or changes to treatment.

My signature below confirms that I understand that no dental treatment is completely risk free, and that my dentist will take reasonable steps to limit any complication of my treatment and to provide competent dentistry with comfort and care

PatientSignature (or gaurdian if under 18)

date