



Consent to Treatment

I understand that with any dental procedure there may be complications resulting from the use of dental instruments, medications, analgesics (pain killers), anesthetics, and injections include (but not limited to) sensitivity, swelling, bleeding, pain, infection, numbness and tingling in the lip, tongue, chin, gums, cheeks and teeth (which is usually transient but, on occasion, may be permanent), reaction to injections, changes in occlusion (biting), jaw muscle cramps and spasms, temporomandibular (jaw) difficulty, referred pain to ear, neck, and head, nausea and vomiting, allergic reactions, delayed healing and treatment failure. Alternative options available (if any) have been presented and all of my questions have been answered satisfactorily just by asking.

Signature of Patient or Guardian

Date: _____

Print Name