

Patient Treatment Consent Form

Thank you for choosing **Barr Family Dentistry** for your dental care. We will work with you to help you achieve excellent oral health. While recognizing the benefits of a pleasing smile and teeth that function well, you should be aware that dental treatment, like treatment of any other part of the body, has some inherent risks. These are seldom great enough to offset the benefits of treatment but should be considered when making treatment decisions.

Benefits of dental treatment can include: relief of pain, the ability to chew properly, and the confidence and social interaction that a pleasing smile can bring. Nonetheless, there are some common risks associated with virtually any dental procedure, including:

- Drug or chemical reaction: Dental materials and medications may trigger allergic or sensitivity reactions.
- Long-term numbness (paresthesia): Local anesthetic, or its administration, while almost adequate to allow comfortable care, can result in transient, or in rare instances, permanent numbness.
- Muscle or joint tenderness: Holding one's mouth open can result in muscle or jaw tenderness, or in a predisposed patient, precipitate a TMJ disorder.
- Sensitivity in teeth or gums, infection or bleeding.
- Swallowing or inhaling small objects.

While we follow procedural guidelines, which most often lead to a clinical success, just like in any pursuit in health care, not everything turns out the way it is planned. We will do our best to assure that it does. Please feel free to ask questions regarding all dental procedures that are recommended to you.

The signature of patient or guardian below acknowledges and authorizes the work, fee(s) and completion of all agreed dental services and use of methods appropriate thereto. This agreement and consent shall remain in effect until canceled by either party. If legal services are obtained to enforce this agreement, patient or guardian shall be responsible for the payment of all dental fees, Dentist's attorney fees, court costs and costs of collection.

I have read and understand the statements on this page:

Print Patient Name: _____ Print Guardian Name: _____

Signature: _____ Date: _____

Patient or Guardian

Guardian relationship to patient: _____