Discussion and Consent

Patient's Name _____ Date of Birth _____
Last First Initial

I am being provided this information and consent form so I may better understand the treatment recommended for me. Before beginning, I want to be provided with enough information, in a way I can understand, to make a well-informed and confident decision regarding my proposed treatment.

I understand that I may ASK ANY QUESTIONS I WISH, and that it is better to ask them before treatment begins than to wonder about it after treatment has started.

Nature of the Recommended Treatment

It has been recommended that I have the following treatment:

_____

_____

_____

This recommendation is based on visual examination(s), on any x-rays, models, photos and other diagnostic tests taken, and on my doctor's knowledge of my medical and dental history. My needs and wants have also been taken into consideration. The treatment is necessary because of:

❒ Pain ❒ Infection ❒ Periodontal (gum) disease ❒ Decay ❒ Broken Tooth/Teeth

❒ Other _____

_____

The intended benefit of this treatment is: _____

_____

The prognosis, or chance of success, of this treatment is: _____

My treatment is estimated to take _____ visits to complete, but I understand it could be shorter or longer based on what happens once treatment begins.

My treatment is estimated to cost $_____. I understand this is only an estimate and that I will be informed as soon as possible if the cost estimate changes.

Alternative Treatments

The treatment recommended for me was chosen because it is believed to best suit my needs. I understand that alternative ways to treat my dental condition include:

_____

_____

❒ No other reasonable treatment option exists for my condition.

_____ I have had an opportunity to ask questions about these alternatives and any other treatments I have heard or
Patient's Initials thought about, including _____.

Risks of the Recommended Treatment Patient: _____

I understand that no dental treatment is completely risk free and that my dentist will take reasonable steps to limit any complications of my treatment.. I understand that some after-treatment effects and complications tend to occur with regularity. These include:

_____

_____

_____

_____ I have had an opportunity to ask questions about these risks and any other risks I have heard or thought about.
Patient's Initials

Acknowledgment

I have provided as accurate and complete a medical and personal history as possible, including antibiotics, drugs, or other medications I am currently taking as well as those to which I am allergic. I will follow any and all treatment and post-treatment instructions as explained and directed to me and will permit the recommended diagnostic procedures, including x-rays.

I realize that in spite of the possible complications and risks, my recommended treatment is necessary. I am aware that the practice of dentistry is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the procedure.

I, _____, have received information about the proposed treatment. I have discussed my

treatment with Dr. _____ and have been given an opportunity to ask questions and have them fully answered. I understand the nature of the recommended treatment, alternate treatment options, and the risks of the recommended treatment.

I wish to proceed with the recommended treatment.

Specialty Treatment Acknowledgement (if applicable)

_____ I understand that this procedure can also be performed by a _____ (a dental specialist).
I understand the risks and elect to have this procedure done by Dr. _____.
Patient's Initials I understand that if any unexpected difficulties occur during treatment, I may be referred to a _____ for further care.

Signed: _____ Date: _____
Patient or Guardian

Signed: _____ Date: _____
Treating Dentist

Signed: _____ Date: _____
Witness

This sample form is for illustrative purposes only. As each practice presents unique situations and statutes may vary by state, we recommend that you consult with your attorney prior to use of this or similar forms in your practice.