

Spearmint Dental

Patient Name: _____

Dental Treatment Consent Form

Health Information- I agree to disclose all previous illnesses and medical history. Undisclosed medical information, current medication, allergies or illness are risk factors.

Drugs, Latex and Medicines- I understand that antibiotics and other medicines can cause allergic reactions and even life-threatening anaphylaxis. Also, some antibiotics interfere with birth-control pills. Latex allergy can cause rashes and itching. Epinephrine increases the heartbeat and, depending on my health, may be dangerous to me.

Needle Stick- If someone is inadvertently stuck with a needle used on me, I consent to have blood drawn for analysis.

Fillings, Crowns and Un-anticipated Root Canals- Some teeth may need a root canal even after a simple filling. Fillings and crowns do take away tooth structure and a percentage of these teeth end up needing a root canal after the filling or crown is done.

Root Canals Can Fail- Root canals can fail and may require additional treatment or the tooth may not be salvageable and need extraction.

Porcelain Crown, Veneers, Bonding and Cosmetic Fillings- Porcelain crowns, veneers, cosmetic bonding and composite fillings are aesthetically pleasing; However, I understand that if they chip or break after in use successfully, I am responsible for repairs or remakes, Once a crown, veneer, bonding or filling is placed, I understand the color cannot be changed.

Gum Treatments- If I don't floss or if I smoke, I can expect to have a deteriorating gum condition. I agree that if I need gum treatment, I will not insist that "I simply get a cleaning (prophylaxis)."

Extractions and Surgery- I understand that all dental extractions or surgeries carry risks for example; a dry-socket following an extraction. Some risks are life threatening such as post-surgical infection or anaphylaxis.

Fee For additional or Specialty Care- I understand that I may need treatment beyond what was originally planned (a crowned tooth becomes painful and will need a root canal), or I may be referred to a specialist for additional care (root canal was not successful). I agree to be financially responsible for the additional or specialty care.

Limitations of Insurance Coverage- If there are charges beyond what my insurance plan covers, I agree to be responsible for what insurance does not cover.

48 Hour (2 Business Days) Notice to Cancel or Change an Appointment- I agree to give 48 hours (2 business days) notice for any cancellations or changes to my appointment or a fee may be applied to my account. I understand that leaving a message after the office is closed the day (or weekend) before is NOT sufficient notice.

Hygiene Appointment- If I am more than 15 minutes late for my cleaning appointment, I will either take my remaining time only or reschedule and pay a broken appointment fee.

I do not expect guarantees in dental care. I have read the above and consent to the treatment.

Signature of Patient or Guardian if a Minor

Date

