

# Manteca Dental Care

## General Dental Treatment Consent Form

Please read and initial all sections below and sign at the bottom of the form. Thank you!

Patient Name: \_\_\_\_\_

### Drugs, Medications & Local Anesthetics

Initials: \_\_\_\_\_

I understand that antibiotics, analgesics and other medications can cause allergic reactions causing redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). I also understand there are risks of local anesthesia that may affect my body such as dizziness, nausea, vomiting, accelerated/slow heart rate, or various types of allergic reactions. It may also cause injury to nerves that can result in pain, tingling, or numbness that may persist for several weeks, months, or rarely, be permanent. I have informed my dentist of my complete medical history, including any recent surgeries, changes in my medical history, & any known allergies.

### Nitrous Oxide

Initials: \_\_\_\_\_

I understand that nitrous oxide (laughing gas) provides relaxation to make it more comfortable for me to receive the necessary care with less anxiety. I will be awake, fully conscious, aware of my surroundings, and able to respond rationally. I have informed my dentist of my complete medical history, including any recent surgeries and allergies.

### Changes In Treatment Plan

Initials: \_\_\_\_\_

I understand that during treatment, it may be necessary to change and/or add procedures because of conditions found while working on the teeth that were not discovered during examination. Upon my consent, I will give my permission to the dentist to make any/all changes and additions as necessary.

### Fillings

Initials: \_\_\_\_\_

I understand that I may experience hot and cold sensitivity, pain or discomfort following routine restorative procedures and that this is usually temporary and should settle without further treatment. If in the event that my condition does not get any better, I understand that I may need further dental treatment, the most common being root canal therapy, resulting in additional costs.

### Crown (Caps) And Bridges

Initials: \_\_\_\_\_

I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I further understand that I may be wearing temporary crowns, which may come off easily and that I must be careful to ensure that they are kept on until the permanent crowns are delivered. I realize the final opportunity to make changes in my new crown or bridge (including shape, fit size, and color) will be before cementation. Once cemented, I understand that any changes in shape, fit, size, or color will incur an additional charge.

### Endodontic Treatment (Root Canal Therapy)

Initials: \_\_\_\_\_

I realize there is no guarantee that root canal treatment will save my tooth, and that complications can occur from the treatment. I understand that root canals can fail and may require additional treatment or I may end up having the tooth extracted. I also understand that occasionally additional surgical procedures may be necessary following root canal treatment, such as retreatments or apicoectomy.

### Alternative Treatment

Initials: \_\_\_\_\_

I understand that I have the right to choose, on the basis of adequate information, from alternate treatment plans that meet professional standards of care. The treatment plan chosen by me may/may not be the procedure that Dr. Rick Tran prefers.

By signing below, I consent to the general dental treatments and/or proposed treatment agreed by Dr. Rick Tran and myself.

Patient/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_