



General Information and Consent for Treatment

Welcome and thank you for choosing Olson Family Dental 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 the 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 that a pleasing smile can bring. Nonetheless, there are some common risks associated with virtually any dental procedure. The risks include but are not limited to:

1. Drug or chemical reaction. Dental materials and medications may trigger allergic or sensitivity reactions.
2. Long-term numbness (paresthesia). Local anesthetics, or its administration, while almost always adequate to allow comfortable care, can result in transient, or in rare instances, permanent numbness (anesthesia).
3. 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.
4. Sensitivity in teeth or gums, infection, or bleeding.
5. Swallowing or inhaling small objects.

This consent for treatment includes but is not limited to:

- Local anesthesia and medicines
- Restoring teeth with fillings
- Radiographs, photographs
- Root canals
- Extracting teeth
- Other

I understand that specific informed consents may be required for any or all of the above procedures. I understand that because of the very nature of any proposed treatment and the uniqueness of myself as an individual; no one can predict the certainty of any outcome or success of any dental treatment. I understand that dental treatment contains no guarantees, warranty, or assurance of success. Each individual case is unpredictable making it impossible to surmise results. I further understand that the results may NOT be to my complete and full satisfaction after treatment is complete and my condition may be the same, better or worse.

I have had an opportunity to ask questions about any policies of Olson Family Dental. These questions have been answered to my complete satisfaction.

I have given an accurate reporting of my medical, mental, and dental health issues.

I understand that if a prescription is written for a controlled substance, state law requires that certain prescription information, including my name, be entered into a secure database (Colorado's prescription drug monitoring program) when I fill this prescription at my pharmacy. Authorized prescribers of controlled substances and law enforcement, in limited circumstances, may access the database for allowed uses.

I understand all of the above patient information contained on this document and agree to abide by all of the procedures and conditions specified. I hereby give permission for diagnosis and treatment for myself or for the minor child named in this document.

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

Patient’s Signature _____ Date _____

Parent’s Signature (if minor) _____ Date _____