CONSENT FOR DENTAL TREATMENT

I, (print name) ____, have been informed by

Dr. (print name) ____ of the need to undergo dental

treatment as presented to me on _________________________.

I have been fully informed about the details of the recommended treatment and alternatives, and agree to accept the treatment as recommended by the doctor.

I understand that as the treatment proceeds there may be need to change the treatment plan. If this occurs I expect to be informed before any change is instituted.

I further understand that individual reactions to treatment cannot be predicted, and that if I experience any unanticipated reactions during or following any treatment, I agree to report them to the office as soon as possible.

I have been told that the success of the recommended treatment depends upon my cooperation in keeping scheduled appointments, following home care instruction, including oral hygiene and dietary instructions, and reporting to the office any change in my health status as soon as possible.

I have discussed all of the above with the doctor, and all my questions have been answered.

I acknowledge that no guarantees or assurances have been given by anyone as to the results that may be obtained.

Following the explanation, the discussion, and the answers to my questions, I authorize the doctor to complete the treatment as described.

______________________________________ Patient's Signature

______________________________________ If a Minor, Signature of Parent Or Guardian

______________________________________ Witness Signature

______________________________________ Doctor's Signature

______________________________________ Date

© Dentist's Advantage, 2008 © The National Society of Dental Practitioners, 2008

Risk Management services are provided by Dentist's Advantage and the NSDP to assist the insured in fulfilling his or her responsibilities for the control of potential loss-producing situations involving their dental operations. The information contained in this document is not intended as legal advice. Laws are under constant review by courts and the states and are different in each jurisdiction. For legal advice relating to any subject addressed in this document, dentists are advised to seek the services of a local personal attorney. The information is provided "AS IS" without warranty of any kind and Dentist's Advantage and NSDP expressly disclaims all warranties and conditions with regard to any information contained, including all implied warranties of merchantability and fitness for a particular purpose. Dentist's Advantage and NSDP assume no liability of any kind for information and data contained or for any legal course of action you may take or diagnosis or treatment made in reliance thereon.