

NORTH PENN DENTAL ARTS

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Dentist Anesthesiologist

Diplomate, American Dental Board of Anesthesiology

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INFORMED CONSENT FOR TREATMENT

It is very important to me, Dr. Stanley J. Heleniak, that as my patient, you understand the treatment plan that I am recommending. It is imperative that you understand any invasive procedures I perform. I want to involve you in all decisions concerning these invasive procedures. I want you to understand that there are risks associated with dental procedures. Your signature affirms that you understand these risks and that all of your questions have been answered to your satisfaction.

Initials: _____

Date: _____

Dental treatment and procedures are not to be taken as routine and without risks for complications. As with all medical treatments, there are differences in how each person's body reacts. There are no guarantees that the results of treatment will be the same as what was planned for. When dealing with individuals there are many potential variables, some of which are predictable and others which are not. Complication rates in dentistry are low, but do exist. Even a minor procedure such as a filling can lead to unforeseen major complications. Local anesthetics such as novacaine, can lead to an allergic reaction, anaphylaxis, facial hemorrhage, swelling, bruising, hospitalization and/or death. These extreme reactions are fairly uncommon. Individuals who are contemplating treatment should be aware of this prior to signing this informed consent. Whenever drilling is involved in treatment, pulpal (nerve) damage, abscess, fractured teeth, post treatment pain, sensitivity to hot and cold, and altered bite may result. These complications may be temporary or may persist, requiring further treatment. Generally, pain, bleeding, swelling, infections, tooth fractures and tooth nerve problems can occur. The above list is not all inclusive.

COMMITMENT TO TREATMENT: We believe that all treatment begun should be completed. Incomplete treatment leads to further dental problems, complications, loss of teeth, and additional disease. This policy states that all agreed to treatment plans, once started, will be completed. To begin staged treatment, your commitment to both starting and completing that treatment is required.

North Penn Dental Arts reserves time for each patient. An appointment on our schedule is a bond of trust between we as providers, and you as patients. This infers that we will provide care on time and to the best of our ability and that we will have the proper number of qualified staff to meet your needs. You as the patient agree to be present for your appointment and meet all financial obligations. Please see our Financial Policy for all payment and billing information.

Signature: _____ **Date:** _____ **Witness:** _____