

Woodyard Dental Care

General Informed Consent

I give representatives of Woodyard Dental Care PSC permission to perform exams and diagnostic procedures to determine the status of my oral health. I understand that when treatment is recommended it is based on my current oral health status and may change. I understand that by signing this consent I am in no way obligated to treatment. I also acknowledge that during treatment it may be necessary to change or add procedures because of findings not discovered during initial or periodic examination and that when possible representatives will make every effort to make me aware of changes and alteration of treatments as soon as clinically possible.

I understand that antibiotics, analgesics and other medications can cause allergic reactions such as redness and swelling tissue, pain, itching, vomiting and or anaphylactic shock and, that if any of these medications were to cause symptoms as stated above they should be discontinued and the prescriber contacted immediately.

I have provided an accurate and complete a medical and personal history; including antibiotics, drugs or other medications I am currently taking as well as those to which I am allergic. I will follow any and all treatment and post-treatment instructions as explained and directed to me and will permit the recommended diagnostic procedures, including x-rays as needed as indicated for my health. I realize that in spite of the possible complications and risk, my recommended treatment is being completed to improve my oral health.

I understand that in the situation where a dental procedure is completed, unforeseen complications may occur due to the extent of the decay and anatomical considerations specific to the patient. Also, while local anesthetic is very safe, complications may occur with its use including lingering numbness and altered taste.

I am aware that Woodyard Dental Care strives to provide the highest quality dentistry possible. However, despite their high degree of care, skill, & judgment, unforeseen problems can occur. While every effort will be made to correct any problems, I am aware that no guarantees, warranties, or representations have been made concerning the results of the treatment.

Signature: _____ **Date** _____

Printed Name: _____ **Date** _____

Office Rep: _____ **Date** _____