

## INFORMED CONSENT FORM FOR GENERAL DENTAL PROCEDURES

You, the patient, have the right to accept or reject dental treatment recommended by your dentist. Prior to consenting to treatment, you should carefully consider the anticipated benefits and commonly known risks of the recommended procedure, alternative treatments, or the option of no treatment.

Do not consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of your questions are answered. By consenting to treatment you are acknowledging your willingness to accept known risks and complications, no matter how slight the probability of occurrence.

As with all surgery, there are commonly known risks and potential complications associated with dental treatment. No one can guarantee the success of the recommended treatment, or that you will not experience a complication or less than the optimal result. Even though many of these complications are rare, they can and do occur occasionally.

Some of the more commonly known risks and complications of treatment include, but are not limited to the following:

1. Pain, swelling, and discomfort after treatment
2. Infection in need of medication, follow-up procedures or other treatment
3. Temporary, or on rare occasion, permanent numbness, pain, tingling or altered sensation of the lip, face, chin, gums, and tongue along with possible loss of taste
4. Damage to adjacent teeth, restorations, or gums
5. Possible deterioration of your condition which may result in tooth loss
6. The need for replacement of restorations, implants, or other appliances in the future
7. An altered bite in need of adjustment
8. Possible injury to the jaw joint and related structures requiring follow-up care and treatment, or consultation by a dental specialist
9. A root tip, bone fragment or a piece of a dental instrument may be left in you body, and my have to be removed at a later time if symptoms develop
10. Jaw fracture
11. If upper teeth are treated, there is a chance of a sinus infection or opening between the mouth and sinus cavity resulting in infection to anesthetic or medication
12. Allergic reaction to anesthetic or medication
13. Need for follow-up treatment, including surgery

It is very important that you provide your dentist with accurate information before, during, and after treatment. It is equally important that you follow your dentist's advice and recommendations regarding medication, pre and post treatment instruction, referrals to other dentists or specialist, and returns for scheduled appointments. If you fail to follow the advice of your dentist, you may increase the chances of a poor outcome.

Certain heart conditions may create a risk of serious or fatal complications. If you (or a minor patient) have a heart condition or heart murmur, advise your dentist immediately so he/she can consult with your physician if necessary.

The patient is an important part of the treatment team. In addition to complying with the instruction given to you by this office, it is important to report any problems or complications you experience so they can be addressed by your dentist.

If you are a woman on oral birth control medication, you must consider the fact that antibiotics might make oral birth control less effective. Please consult with your physician before relying on birth control medication if your dentist prescribes, or if you are taking antibiotics.

In an effort to control the increasing costs of dental care, any claims or disputes against this clinic, its sponsors, operators, and/or service providers, including, but not limited to, claims of medical malpractice and/or claims alleging violations of HIPAA, shall by resolved by binding arbitration. By signing this agreement, the patient agrees with the Miles of Smiles Mobile Dental Clinic, its sponsors, operators, and service providers, that any dispute relating to dental or medical care services rendered for any condition, including any services rendered prior to the date of this agreement was signed, and any dispute arising out of the diagnosis, treatment, or care of the patient, including alleged violations of HIPAA, disputes regarding the scope of this arbitration clause and the arbitrability of any claim or dispute, whenever made, (including to the full extent permitted by applicable law third parties who are not signatories to this agreement including, but not limited to, clinic sponsors, operators, and service providers) shall be resolved by binding arbitration by the National Arbitration Forum, under the Code of Procedure then in effect. The patient understands that the result of this arbitration agreement is that claims, including malpractice claims he/she may have against the dentist and/or his/her assistants, cannot be brought as a lawsuit in court before a judge or jury, and agrees that all such claims will be resolved as described in this section.

This form is intended to provide you with an overview of potential risks and complications. Do not sign this form or agree to treatment until you have read, understood, and accepted each paragraph stated above. Please discuss the potential benefits, risks, and complications of recommended treatment with your dentist. Be certain all of your concerns have been addressed to your satisfaction by your dentist before commencing treatment.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE