

# INFORMED CONSENT GENERAL CONSENT FOR TREATMENT

All dental and anesthetic procedures have associated risks. These may include, but are not limited to:

- Drug reactions: nausea, vomiting, drowsiness, and unexpected or allergic reaction
- Cardiovascular or respiratory responses which may lead to heart attack, stroke, or death
- Involvement of the nerves during oral surgery or administration of local anesthesia resulting in temporary or possibly permanent numbness or tingling of the lip, chin, tongue, or other areas
- Sinus involvement during the removal of upper molars which may require additional treatment or surgical repair at a later date
- Incomplete removal of tooth fragments to avoid injury to vital structures such as nerves or sinus, occasionally small root tips may be left in place
- Jaw fracture-while quite rare, it is possible in difficult or deeply impacted teeth
- Breakage of dental instruments inside tooth canals requiring additional treatment
- Damage to adjacent teeth or fillings
- Post-operative complications may include delayed healing of an extraction site, dry socket, infection, continued bleeding, bruising, swelling, sensitivity, or pain

While unfortunate, some dental procedures do fail and complications are possible. Any of the above conditions may indicate further treatment and/ or a referral to a specialist.

In addition, it may be necessary to:

- Contact patients via telephone and/or mail at home or at work
- Use and/or disclose health/dental information to healthcare providers, insurance companies, and/or any other business associate regarding treatment, payment, or other healthcare operations.

All conditions apply unless otherwise requested by patient in writing.

Patient/Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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