VALUE DENTAL
BOISE

GENERAL CONSENT AND INFORMATION FORM

It is the belief of this office that you should be informed about the treatment (therapy) we may recommend, and that you should give your consent before starting that treatment. The purpose of this form is to tell of the risks that may occur in dental treatment and other treatment choices.

RISKS OF DENTAL PROCEDURES IN GENERAL: Include (but not limited to) are complications resulting from the use of dental instruments, drugs, medicines, analgesics (pain killers), anesthetics and injections. These complications include pain, infection, swelling, bleeding, sensitivity, numbness and tingling sensations in the lip, tongue, chin, gums, cheeks and teeth, thrombophiebitis (inflammation of the vein), reaction to injections, change in occlusion (biting), muscle cramps and spasms, temporomandibular (jaw) joint difficulty, loosening of teeth or restoration in teeth, injury to other tissues, referred pain to the ear, neck and head, nausea, vomiting, allergic reactions, itching, bruises, delayed healing, sinus complications and further surgery. Medication and drugs may cause drowsiness and lack of awareness and coordination (which can be influenced by the use of alcohol or other drugs), thus it is advisable not to operate any vehicle or hazardous device, or work for twenty-four (24) hours or until recovered from their effects.

CHANGES IN TREATMENT PLAN: I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination. I give my permission to the Dentist to make any/all changes, additions and/or deletions as the Dentist deems necessary.

RELEASE OF PROTECTED HEALTH INFORMATION: I understand that it is my responsibility to inform my Dentist if I, or my minor child, ever have a change in health. I understand that in order to receive proper care, it may be necessary to use my health care information for the purpose of obtaining insurance payment for services rendered, determining insurance benefits or the benefits payable for related services. I understand there may be also be a need to consult with other health care providers for the purpose of protecting my general health.

I hereby request and authorize VALUE DENTAL Dentists and their staff to perform dental work upon me for the purpose of attempting to improve m appearance, function and the health of my mouth, teeth, bone and tissues, and understand the risks involved, as well as the possible alternative methods of treatment that have been fully explained to me. I also authorize the operating Dentist and Assistants to perform any other procedure which they may deem necessary in attempting to improve my condition, or treat unhealthy or unforeseen conditions that may be encountered during treatment.

I understand that dentistry is not an exact science and therefore reputable practitioners cannot properly guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the treatment which I am requesting and authorizing. In order to receive treatment, I agree that if there is any difference or disagreement between my attending Dentist and myself, all efforts will be made to resolve any difference or disagreement between my attending Dentist and myself, all efforts will be made to resolve any difference or disagreement with my attending Dentist and myself. If we are unable to agree on a solution, then I agree to take the problem to a reconciliation board such as the grievance committee of my dental health plan, the Dental Society or Idaho State Consumer Affairs Board of Dental Examiners and agree to accept their resolution in lieu of pursuing remedies by way of litigation, in consideration of helping to keep costs of treatment and services as low as possible. I also understand that this agreement is binding on my heirs and other family members.

VALUE DENTAL
BOISE

I CERIFY THAT I HAVE READ AND FULLY UNDERSTAND THE AVOVE CONSENT TO DENTAL TREATMENT AND THAT EXPLANATIONS THEREIN REFERRED TO WERE MADE. ANYTHING I DID NOT UNDERSTAND HAS BEEN EXPLAINED TO ME

Signature: _____ Date: _____