

## Patient Understanding and Informed Consent

### General Information:

**Emergency Dental Care:** Emergency dental treatment is intended to provide relief of severe pain and infection for individuals in acute need. You as a patient of record, have access to care after business hours through a pager number listed on our answer service.

**Consent to Dental Procedure:** As a patient you will at all times have access to current and complete information about your condition and will, unless otherwise specified, receive continuity of treatment, be provided an estimate of cost, and receive dental care according to a properly sequenced plan of treatment. Before receiving treatment you should ask the dentist about the procedure(s) that he recommends you undergo, and ask any questions you may have before you decide whether or not to give your consent for the procedure(s) to be done. All dental procedures may involve risks of unsuccessful results and complications, and no guarantee is made as to result or cure. You have the right at all times to be informed of any such risks as well as the nature of the procedure, the expected benefit, the availability of alternative methods of treatment, and the risks of no treatment. You have the right to consent to or refuse any proposed procedure at any time prior to its performance.

**X-rays:** Dental radiographs will be made as necessary and appropriate for examinations, diagnosis, consultation, and treatment.

### Financial Responsibility and Insurance:

**Your signature on this form certifies that you have read and understand the information provided on the form and that you accept dental care and treatment under the described terms and conditions.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**If signed by other than the patient,  
Indicate relationship (ex. Parent, guardian)**

**Witness signature:** \_\_\_\_\_