

**General Informed Consent for Dental Procedures**  
**Park Avenue Dental Associate, Inc.**  
**500 Park Avenue Revere, Ma 02151**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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.

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 instructions, referrals to other dentists or specialists, and return 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 s/he can consult with your physician if necessary.

The patient is an important part of the treatment team. In addition to complying with the instructions 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 oral birth control medication if your dentist prescribes, or if you are taking antibiotics.

**This general consent is for Exams, Dental Radiographs (X-rays) and Intra-oral & extra-oral pictures, cleaning including full mouth debridement and periodontal maintenance, local anesthesia, fillings and pulpotomy.**

**X-rays:**

**Proposed treatment:** taking of intraoral and extraoral radiographs. **Benefits of treatment:** taking x-rays enables us to view dental cavities, abnormalities, development and eruption of teeth. They are also necessary for proper diagnosis and evaluation purposes. **Alternatives of treatment:** none; limited visual examination. **Common risks:** radiation exposure to soft and hard tissues. **Consequences of not performing the treatment:** missed diagnosis.

**Cleaning:**

**Proposed treatment:** involves thorough cleaning of teeth to help heal inflamed or infected gum tissue. It involves removal of *soft* plaque build-up and harder *calculus* deposits above and below the gum line. **Benefits of treatment:** healthy oral environment; also, reduction/elimination of bleeding, odor and periodontal disease. **Alternatives of treatment:** referrals for periodontal (gum) surgery according to the severity of condition. **Common risks:** bleeding, soreness, swelling, infection of tissue, hot and cold sensitivity, stiff or sore jaw joint. **Consequences of not performing the treatment:** discontinued or interrupted treatment could result into further inflammation and infection of gum tissues, lead to more tooth decay, and deterioration of surrounding bone structure which could lead to tooth loss.

**Anesthetic:**

**Proposed treatment:** injection of anesthetic to surrounding oral tissues. **Benefits of treatment:** numbness of tissue and muscle surrounding area of treatment to eliminate pain sensation. **Alternatives to treatment:** dental restorations performed with no anesthetic resulting in severe sensitivity and pain. **Common risks:** allergic reaction, irritation to nerve tissue, stiff or sore jaw joint, swelling of tissue, bruising and may cause temporary or permanent paralysis. **Consequences of not performing the treatment:** severe pain and sensitivity.

**Fillings:**

**Proposed treatment:** to remove dental caries and replace with filling material to regain proper tooth anatomy. **Benefits of treatment:** restore tooth structure for proper function. **Alternatives of treatment:** temporary filling, crown, extraction. **Common risks:** allergic to filling material, tooth sensitivity, filling may come out. **Consequences of not performing the treatment:** further spread of decay, requiring root canal treatment or severe destruction resulting in tooth loss.

**Photo Consent Form**

I hereby give Park Avenue Dental and any and all employees and/or agents of Park Avenue Dental the right and permission to use and/or publish photographs of me for promotional and educational purposes (including but not limited to, paper or cyber advertising, publicity or display of use).

\_\_\_\_\_ Yes, you may use my photos. \_\_\_\_\_ No, please do not use my photos

I have read and understood the entire information on this consent form. All my questions were answered to my full understanding and satisfaction. I read, write and understand English.

X: \_\_\_\_\_

X: \_\_\_\_\_

Signature of patient, parent, or legal guardian.

Date