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**Informed Consent  
General Consent for Treatment**

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

- Drug reactions and side effects
- Damage to adjacent teeth or fillings
- Post-operative infection
- Post-operative bleeding that might require additional treatment
- Delayed healing of an extraction site (dry socket) necessitating additional care
- Sinus involvement during removal of upper molars which may require additional treatment or surgical repair at a later date
- Involvement of the nerves during anesthetic placement numbness or tingling of the lip, chin, tongue or other areas
- Bruising, swelling, sensitivity, or pain
- Failure of the dental procedure necessitating additional treatment
- Breakage of dental instruments inside tooth canals making additional treatment necessary
- Complications during treatment necessitating referral to a specialist

**I understand the recommended treatment for my conditions, the risks of such treatment, any alternatives and risks, as well as the consequences of doing nothing. Any fee(s) involved have also been explained. All of my questions have been answered, and I have not been offered any guarantees.**

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

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