

Castellucci, Wysocki, and Osorio Dental Group
General Consent Form

You, the patient, have the right to accept or reject dental treatment recommended by your dentist. Prior to consenting to treatment, discuss the anticipated benefits and commonly known risks of the recommended procedure, alternative treatments, or the option of no treatment with the doctor. By consenting to treatment, you are acknowledging your willingness to accept known risks and complications, no matter how slight the probability of occurrence.

Medical History: It is important that you give a thorough and accurate medical history to your provider. It is important that you inform us of any medications that you are taking each time that you come to an appointment, as some medications can cause harmful reactions with dental anesthetics, analgesics, and antibiotics or with other medications. Please be sure to provide us with a list of any allergies.

Complications: Complications may result from routine dental procedures. These complications can include pain, infection, swelling, bleeding, sensitivity, numbness and tingling sensations in the lip, tongue, chin, gums, cheeks and teeth. Injection of anesthetics carries certain risks while very rare, include, but are not limited to the following: nerve damage, paresthesia, or altered sensations that may range from temporary to permanent changes. Procedures may cause changes in occlusion (biting), muscle cramps and spasms, temporomandibular jaw joint problems, damage to surrounding teeth or dental work, injury to other tissues. Commonly used antibiotics, analgesics, anesthetics, and other medications can cause allergic reactions leading to redness/hives, swelling, pain, itching, vomiting, and/or anaphylactic shock. Certain medications may cause drowsiness and lack of awareness and coordination and may restrict routine activities while medicated.

X-Rays: Modern digital dental x-ray equipment exposes patients to a very low dose of radiation compared to traditional films. Diagnostic x-rays provide needed information about your teeth and supporting bone that cannot be evaluated otherwise. Our office takes the minimum x-rays that allow us to do a thorough exam for each patient. All patients 18 years and older will receive a full mouth series every 5 years to maintain a baseline record and to do a comprehensive exam. All patients will also receive maintenance bitewing x-rays every 1-2 years depending on overall risk. We encourage you to transfer recent x-rays from previous providers to avoid taking new films. It is a liability if we do not perform comprehensive exams, and some information can only be obtained from x-rays. If a patient refuses to take x-rays to the point that our standard of care is compromised, we reserve the right to dismiss the patient from the practice.

Changes in Treatment Plan: I understand that it may be necessary to alter treatment plans because of conditions or limitations discovered during procedures. For example, routine restorative procedures on teeth with large existing fillings, cracks, or deep decay may develop symptoms that require root canal therapy. Also, a filling may be extended to cover additional surfaces if deemed necessary due to decay or fractures not evident upon the original examination. I understand that my dentist will explain any new findings or new recommendations upon discovery and will discuss any new changes with me before altering the treatment plan.

I hereby authorize the dental staff of CWO Dental Group to examine, take X-rays, impressions, photographs, or any other diagnostic aids deemed appropriate by Doctor to make a thorough diagnosis of the my dental needs. I also authorize the Doctor to perform any and all forms of treatment, medication, and therapy that may be indicated after obtaining my consent. I also understand the use of anesthetic agents embodies a certain risk. I have read, understand, and agree to the above terms and conditions.

X _____
Patient/guardian signature

Date