Pampa Dental Arts PLLC
2427 N Hobart St
Pampa, TX 79065

General Consent

I consent to be a patient at the above named office and agree to a clinical dental examination and/or treatment. Any necessary radiographs, photographs, and/or study models may be taken as part of this examination. I have been made aware of the following inherent risks of any dental treatment and understand and consent to the following:

- Drug or chemical reaction. Dental materials and medications may trigger allergic or sensitivity reactions.
- Long-term numbness (paresthesia). Local anesthetic, or its administration, while almost always adequate to allow comfortable care, can result in transient, or in rare instances, permanent numbness.
- Muscle or joint tenderness. Holding one's mouth open can result in muscle or jaw joint tenderness, or in a predisposed patient, precipitate a TMJ disorder.
- Swallowing or inhaling small objects that may require further medical care.
- Sensitivity in teeth or gums, infection, or bleeding.
- I will provide a thorough and complete medical history, supply a full list of my medications with dosages, and consent to my dentist communicating with my other medical practitioners to inquire about any aspect of my health history.
- No guarantees can be made about treatment outcomes, restoration longevity, or prognoses. I understand that any branch of medicine, including dentistry, can involve unanticipated results.
- My treatment plan may change at any time and I will do my best to approach my dental care with optimism and open communication with my dentist, hygienist, and dental office staff.
- I am welcome to ask questions about any aspects of my dental care and will request information if I am confused or need more information. I am responsible for clarifying any aspects of my treatment that I am unsure about.
- I give consent to Pampa Dental Arts PLLC's doctors or designated staff to use and disclose any oral, written, or electronic health records that are individually identifiable as mine for the purpose of carrying out my treatment, payment, and healthcare operations. I understand that only the minimum amount of information necessary to provide quality care will be used or disclosed and that a notice fully outlining the protection of my personal health information is available.
- I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made. If insurance is filed for me, I agree to pay the amount insurance does not cover within 60 days.
- I hereby authorize release of information to my insurance company and authorize assignment of my insurance rights and benefits directly to the provider for services rendered. I understand that most dental insurance policies provide coverage based on fees set by the insurance company. I understand that as a out-of-network dental office, Pampa Dental Arts PLLC's fees are set independently from any insurance company and this office has no control over what my insurance policy will pay toward services rendered. Any dispute regarding insurance eligibility, coverage, or payments is strictly between me and my insurance policy carrier.

I have read, understand, and consent to the statements on this page:

Patient Signature _____ Date_____

Parent's Signature (if minor patient) _____ Date_____