

Chris Henson, D.D.S.
4333 College Hills Blvd.
San Angelo, Tx 76904

General Consent for Treatment

Patient

Name: _____ **Date:** _____

Patient has been advised on the possibility of adverse outcomes from general treatment, which includes but is not limited to 1) loss of a tooth/teeth; 2) need for further treatment such as, but not limited to root canal treatment, crown, filling, and/or extraction; 3) increased sensitivity; 4) infection needing treatment and/or hospitalization; 5) adverse reactions or side effects from the administration of local anesthetics which includes, but is not limited to bruising, hematoma, cardiac stimulation, muscle soreness, infection, trismus, temporary or rarely, permanent numbness, and/or breakage of the needle requiring a surgical procedure to remove the broken needle by an OMS. Patient understands that we do our very best to minimize these adverse effects. Patient also understands that Dr. Henson is a general dentist and not a specialist; patient is given the opportunity to receive treatment by a specialist at any time. Patient understands this consent applies to all future visits at this office (Chris Henson D.D.S.) Patient understands and gives verbal consent for treatment.

I (WE) HAVE READ THE ABOVE AND UNDERSTAND IT. I (WE) HAVE NO ADDITIONAL QUESTIONS. I (WE) FREELY GIVE MY (OUR) INFORMED CONSENT FOR TREATMENT.

Date: _____ **Patient / Guardian Signature:** _____

Witness Signature: _____