

'General Consent

First Name - Patient

Last Name - Patient

Patient Date of Birth

Attending Dentist: Dr. Lago

1. Needle Stick: If someone is inadvertently stuck with a needle or other sharp instrument used on me, I consent to having blood drawn for analysis.
2. Drugs and Medications: I understand that antibiotics and anesthetics and other medications can cause allergic reactions causing redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction).
3. Fillings: Crown, and Unanticipated Root Canals- Some teeth may need a root canal even after a simple filling. Fillings and crowns do take away tooth structure and a small percentage of these teeth end up needing a root canal after the filling or crown is done.
4. Root Canals Can Fail: Root canals can fail and may require additional or specialized treatment. The tooth may even have to be extracted in some cases.
5. Porcelain Crowns, Veneers, Bonding, and Cosmetic Fillings: Can in some rare instances chip or break at some point in the future. The patient is responsible for payment of repairs or remakes unless the doctor determines that the restoration is faulty. Bella Sonrisa Dental places only composite fillings, not amalgam (silver). If there are differences in coverage by your insurance carrier relating to what particular material is used, you will be responsible for the difference.
6. Gum Treatment and Requesting Just a Cleaning: I agree that if I need more intensive gum treatment, I will not insist that I simply get a regular cleaning (prophylaxis). All new patients to our practice are required to undergo a complete dental exam with accompanying x-rays.
7. Changes in Treatment Plan: I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination. I give permission to the dentist to make any/all changes and additions as necessary.
8. Dentures: I realize that full or partial dentures are artificial and that the final opportunity to make changes in my new dentures (including shape, fit, size, placement, and color) will be the "Teeth in Wax" try-in visit. I understand that most dentures require relining approximately 3 to 12 months after initial placement. The cost for this procedure is not included in the initial denture fee.

Patient Consent

I do not expect guarantees in dental care. I have read this form and consent to treatment.

Print name

Signature

Clear