

Park Place Dental Clinic's Patient's Consent to Treatment

I hereby authorize the Dentist and any other Volunteers of the Park Place Health & Dental Clinic at Park Place Multi-Service Center and such assistants as may be selected by any of them, to treat the conditions described below:

The procedure(s) necessary to treat the condition(s) have been explained to me and I understand the nature of the procedure and consent to understanding the following:

- I have been informed of possible alternative methods of treatment (*if any*).
- I have further understood that this is an elective procedure and other forms of treatment or no treatment at all are choices that I have, and that the recommended treatment provided by my Dentist, will provide the best relationship between teeth, jaws, muscles, and the temporomandibular (jaw) joint that is possible at this time.
- The doctor has explained to me that there are certain inherent and potential risks in any treatment plan or procedure, and that this specific instance such operative risks include, but are not limited to, the following:
 - Postoperative discomfort and swelling that may necessitate several days of home recuperation.
 - Heavy bleeding that may be prolonged.
 - Injury to adjacent teeth and fillings.
 - Postoperative infection requiring additional treatment.
 - Stretching of the corners of the mouth with resultant cracking and bruising.
 - Restricted mouth opening for several days or weeks.
 - Decision to leave a small piece of root in the jaw when its removal would require extensive surgery.
 - Breakage of the jaw. (*Very Rare Cases*)
 - Injury to the nerve underlying the teeth resulting in numbness or tingling of the chin, lip, cheek, gums and /or tongue on the operated side; this may persist for several weeks, months, or in remote instances, permanently.
 - Opening of the sinus (a normal cavity situated above the upper teeth) requiring additional surgery.
 - Cardiac arrest
 - Any other unforeseen complications due to dental procedure
- It has been explained to me that, during the course of the procedure(s) unforeseen conditions may be revealed that necessitates an extension of the original procedures or different procedures than those set forth in paragraph 2 above. I, therefore authorize and request that the Dentist(s) described in paragraph 1 above perform such procedures as are necessary and desirable in the exercise of professional judgement.
- The authority I grant by signing this waiver should extend to the treatment of all other conditions that require additional treatment and are not known at the time the original procedure is commenced.
- I consent to the administration of anesthesia ,to include local general anesthesia (such as topical or Lidocaine) in connection with the procedure (s) referred to above, and administered by said Dentist (s), and to the use of such anesthetics as may be deemed advisable unless specifically stated previously of any allergies to such
- In any cases where a prescription (s) is prescribed by Dentist, I understand that it may cause drowsiness and lack of awareness and coordination and said prescription (s) can increase those affects while under alcohol or drug influence. Understanding and Usage of prescription (s) will be explained prior to you leaving our office as well.
- It is always recommended that an additional adult accompany you to help you home after said treatment (although not required), and that any numbness or drowsiness affects may take a few hours to loss it's effects
- Patient is reminded that the clinic is exempt from liability to any torts or personal injury suffered while being treated under Virginia Risk Management

It has been explained to me, and I understand that a perfect result is not guaranteed or warranted and cannot be guaranteed or warranted.

I certify that I read and write English and read and fully understand this consent for surgery.

****Please ask the doctor if you have any questions concerning this consent form.**

Signature	Date	Office Use Only
<i>Renewal Signature- Sign After Yearly Review</i>	<i>Renewal Date</i>	<i>Office Use Only</i>