

Informed Consent Form for General Dental Procedures

You, the patient, have the right to accept or reject dental treatment recommended by your dentist. Prior to consenting to treatment, you should carefully consider the anticipated benefits and commonly known risks of the recommended procedures. Do not consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of your questions are answered. By consenting to treatment, you acknowledge your willingness to accept known risks and complications, no matter how slight.

Common risks and complications may include, but are not limited to:

1. Pain, swelling, or discomfort after treatment
2. Possible injury to the jaw, teeth, or existing dental work
3. Temporary or permanent numbness or altered sensation
4. Damage to adjacent teeth, restorations, or gums
5. Need for additional treatment or adjustments
6. Possible worsening of condition or tooth loss
7. Jaw stiffness or discomfort

- You consent to the recommended dental treatment

Patient Name (Print): _____

Signature: _____ **Date:** _____

8. Allergic reaction to anesthetics or medications
9. Breakage of dental instruments or materials
10. Sinus complications (for upper teeth procedures)
11. Infection requiring further treatment
12. Replacement or failure of restorations in the future
13. Need for follow-up care or surgery
14. Prolonged numbness

It is important to follow all post-treatment instructions and attend recommended follow-up visits. Failure to do so may increase risks.

Please inform your dentist of any medical conditions, medications, or changes in your health.

By signing below, you acknowledge that:

- You have read and understand this form
- You have had the opportunity to ask questions

