

# **Informed Consent, Financial and Appointment Policy (page 1 of 3)**

## **Potential Risks and Limitations of Dental Treatment**

As a rule, excellent dental results can be achieved with informed and cooperative patients. Thus, the following information is routinely supplied to anyone considering dental treatment in our office. Recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that dental treatment, like any treatment of the body, has some inherent risks and limitations. These risks and limitations usually do not contraindicate treatment but should be considered in making the decision to undergo dental treatment.

Perfection is our goal. However, in dealing with human beings, subjective opinions, growth and development, the ravages of dental disease, genetics and patient cooperation, achieving perfection is not always possible. Often a functionally and esthetically adequate result must be accepted. We will do everything within our capacity to ensure the best possible care.

Throughout life teeth are constantly changing. Periodic examinations should be made so that any disease can be treated promptly. Frequent professional visits are the best insurance against serious dental disease. Decay or gum disease can occur if patients do not brush and floss their teeth properly and thoroughly. Excellent oral hygiene and plaque removal is a must. Improper diet and lifestyle choices such as smoking and drug abuse are also big contributing factors to dental disease.

On occasion the nerve of a tooth may die and become infected. A tooth that has been damaged by deep decay, a minor blow or extensive dental treatment can die over a period of time. An undetected non-vital or partially vital tooth may flare up at any time, and may require endodontic (root canal) treatment to maintain it. The tooth may sometimes have to be removed. There is also the risk that during or following treatment soreness or tenderness may occur in the temporomandibular (lower jaw) joints.

The total time for treatment can be delayed beyond our estimate. Treatment plans can change due to altered or further diagnosed conditions which may surface during treatment. Decay which may appear small on an x-ray may be larger than anticipated resulting in much more extensive treatment.

## **Informed Consent**

I understand that during treatment any of the above problems may occur. These can include but are not limited to: pain (discomfort), tooth mobility, tooth decay, devitalization of teeth (loss of nerve function), teeth and/or jaw changes, injury resulting from the use of high speed or other dental equipment or instruments, and/or problems resulting from local anesthesia administration.

I understand that treatment alternatives will be explained (including the consequence of no treatment), as well as the preferred method of treatment for my mouth. I understand that for a successful result and to lessen the dangers of complications, the following conditions are essential on my part:

1. Excellent oral hygiene
2. Proper diet
3. Strict adherence to instructions
4. Remaining still during dental procedures
5. Cooperation in keeping appointments and allowing us to take any needed or screening radiographs (x-rays) or perform any needed testing.
6. Always having a ride to and from the dental office if prescribed any sedative medication.

## **Local Anesthesia**

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The following is designed to make you aware of the risks involved with local anesthesia. The risks include, but are not limited to:

- A) There are risks of anesthesia that may affect your body, such as dizziness, nausea, vomiting, accelerated heart rate, slow heart rate, or various types of allergic reactions. Any or all of these may require additional medical management or hospitalization.
- B) Restricted Mouth Opening during recovery, sometimes related to muscle soreness at the site of the injection requiring physical therapy.
- C) Local anesthesia may cause prolonged numbness that in some patients may result in injury from biting or chewing an area such as the lip, cheek or tongue that has received the local anesthesia, or from drinking or eating hot liquid/food while the area is still fully or partially numb.
- D) Injury to nerve(s) that can result in pain, numbness, tingling or other sensory and/or motor disturbances to the chin, lip, cheek, gums or tongue or other areas of the oral cavity and/or head/neck, which can adversely affect speaking, swallowing, chewing or other processes. This may persist for several weeks, months, or rarely, be permanent.
- E) Local Anesthesia is administered with a fine needle. In very rare instances, these needles may break off and be lodged in soft tissue, especially when a patient moves while the anesthesia is being administered.

I understand that there is no warranty or guarantee in regards to my result and/or care; I also understand that I can, at any time, ask for and receive a full recital of all possible risks related to my treatment.

## **Financial and Appointment Policy**

In addition, I understand that treatment may be discontinued for patients who fail two appointments without prior notification, who are constantly late for their appointments, who continue to excessively cancel their appointments, who fail to practice acceptable oral hygiene or do not follow our treatment recommendations (including but not limited to not allowing needed or screening radiographs) or who are uncooperative or confrontational with dentist(s) or staff. Your appointment time has been reserved just for you. If you are unable to keep your appointment please give us as much notice as possible so that we can make that appointment time available to someone else who may need it. We reserve the right to charge for missed appointments or cancelled appointments without 24 hours notice. We require at least 72 hours notice for cancellations of families who have scheduled more than 2 appointments on the same day. A charge of forty dollars per half hour of scheduled appointment time will be incurred after your first missed appointment. We also reserve the right to require a deposit to schedule an appointment for patients who have cancelled/missed more than one appointment with us. This deposit will be refunded (or used towards treatment) if the patient keeps his or her scheduled appointment.

If it is necessary for your account to be sent to collections, please be advised that a collection agency and/or billing charge and possible attorney's fees will apply. All estimated copays are due at the time of service. Any remaining balance is due within 30 days of the first billing statement. While we have

financing options available for those who qualify (through Care Credit or Citi Health), we do not provide any in-house financing.

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*Please understand that our financial and appointment policy helps us to ensure that we can be fair to everyone. Our goal is and has always been to provide outstanding dental care to all of our valued patients.*

**I, \_\_\_\_\_, acknowledge that I have read this office's Informed Consent and Appointment Policy, and I have discussed all questions or concerns that I may have regarding any of the above. I understand and agree to its terms.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Signature or parent/legal guardian of (if multiple dependants, please list)**

\_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

*Thank you for becoming a part of the BayCove Dental family, and for entrusting us with your oral health care needs.*