Wimberley Dental Center
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Jennifer M. Roe D.D.S.

INFORMED CONSENT FOR DENTAL TREATMENT

I have the right to accept or reject dental treatment recommended by a Dentist. I understand that it is my responsibility to carefully consider the anticipated benefits and commonly know risks of the recommended treatments, any alternative treatments, or the option of no treatment.

I hereby consent to treatment by Dr. Jennifer M. Roe and her adjunctive staff for the conditions listed on my treatment plan or detailed in my patient chart. I also understand that treatment may be subject to change due to unforeseen complications.

All dental and anesthetic procedures have associated risks. These may be, but are not limited to:

*Drug reactions and side effects
*Damage to adjacent teeth, fillings or oral cavity
*Post operative infection and bleeding
*Sinus involvement during treatment of upper arch resulting in further treatment
*Nerve involvement during treatment possibly resulting in temporary or permanent numbness or tingling of the lip, chin, tongue, or other areas
*Bruising, swelling, sensitivity, or pain
*Failure of the dental procedures necessitating additional treatment (i.e. root canal therapy)
*Breakage of dental instruments inside tooth, mouth, necessitating additional treatment
*Complications during treatment necessitating referral to specialists
*Artificial teeth may not exactly match natural teeth
*Temporary crowns can come off resulting in damage of tooth preparation and necessitating reattachment
*The use of partials/dentures is difficult. Sore spots, pain, altered speech, and difficulty in eating are common problems

I understand the recommended treatment for my conditions, the risks of such treatment, any alternative treatments and risks, as well as the consequences of opting for non-treatment. Any fee(s) involved have been explained to my satisfaction. All of my questions have been answered. This authorization will remain in effect until it is cancelled in writing by patient or guardian/representative.

Patient's Signature_____ Date_____

Guardian/Representative_____ Date_____

Witness_____ Date_____