

**PATRICK D. BRIESE, DDS, LLC**

**CONSENT FOR DENTAL TREATMENT AND**

**ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION**

State law requires us to obtain your consent for dental treatment. Please ask us about anything you do not understand. We are ready to answer any of your questions or explain anything you need. Any alternatives to the recommended treatment, including no treatment, have been explained to me. In general terms then contemplated dental treatment is:

**Hygiene** : prophy, exams, x-rays, full mouth debridement, scaling and root planning

**Operative**: crown, onlay, inlay, bridge preps, occlusal adjustments, splint adjustments, fillings

I understand dentistry is not an exact science and complications may occur despite a dentist’s best efforts. There are risks associated with any dental treatment. This includes the administration of any local or general anesthetic agent, analgesic agent(s) to produce conscious sedation, and/or per-medication prior to dental care being rendered. **Some of the risks/complications are, but not limited to, the following:**

Sensitivity to temperature	Damage to or loss of filling or other dental work
Damage, fracture or possible loss of tooth being treated as well as adjacent teeth and bone	Change in bite
Failure of wound to heal	Incomplete removal of tooth
Injuries to adjacent teeth and/or soft tissue	Loss of tooth/teeth or bone
Paresthesia (numbness) of tongue, mouth, and/or face	Dry socket
Fracture of maxilla (upper jaw) or mandible (lower jaw)	Injury to adjacent structures
Opening between mouth and sinus or mouth and nose	Instrument breakage
Sloughing (unanticipated loss of hard and/or soft tissue)	Allergic reaction to drugs or anesthetics
Swallowing and/or aspiration of prosthesis or other object	Bacterial Endocarditis (heart infection)
Trismus – jaw pain or difficulty opening	Failure of treatment to accomplish its purpose
Additional surgery, hospitalization, and/or further treatment may be required	TMJ dysfunction or worsening of TMJ condition
Burns from chemical agents used in treatment	Injury from airborne particles or instruments
Loss of or damage to the ability to taste, speak, &/or see	Infection
Breakage of root(s) and retained root fragments	Bleeding
	Tooth or fragment in maxillary sinus

State

law also requires that I specifically advise you, although rarely occurring, that dental treatment or anesthetic use may result in: Paraplegia (paralysis of both legs) ; Quadraplegia (paralysis of both arms and legs); loss of function of organ(s) or limb(s); brain damage; death.

**ACKNOWLEDGEMENT**

I acknowledge that I have read, or that it has been read to me, and I understand the information contained on this consent form. I was given an adequate opportunity to ask any questions and all questions that were asked, were answered to my satisfaction. I hereby authorize and direct the dentist and/or associates , hygienists, assistants of their choice to perform the diagnostic, surgical, or dental treatment. This consent form will remain valid until revoked by me in writing.

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**Signature of Patient or Guardian (if minor)**

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**Date**