

Hygiene Consent Form

Patient Name:
Last First MI Preferred Name

I, the patient, have the right to accept or reject dental treatment recommended by Dr. Williams. Prior to consenting to treatment, you should carefully consider the anticipated benefits and commonly known risks of the recommended procedure, alternative treatments, or the option of no treatment.

1. Treatment to Be Provided

I understand that during my course of treatment that the following care may be provided:

Preventative Services ("Periodontal Maintenance")
Chemical pocket irrigation and/or placement of subgingival medication
Scaling and Root Planing
Examinations
X-ray(s)

2. Drugs and Medications

I understand that antibiotics, analgesics, and other medications can cause allergic reactions causing redness and swelling of tissues', pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction)

3. Changes in treatment

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination. I give my permission to Dr. Williams to make any/all changes and additions as necessary

4. Risks: The Following may occur:

Sensitivity to cold and or heat
Loss of restorations and or crowns
Discomfort
TMJ soreness/pain
Restricted mouth opening
Exposure of crown margins
Swelling
Allergic reactions

5. Permission to bill dental insurance

I give permission to the dental office to bill my dental insurance provider for the treatment provided, if applicable and accept responsibility for any portion not covered by my dental insurance provider

Do not consent to treatment unless and until you discuss potential benefits, risks, and complications with Dr. Williams and all of your questions are answered.

By consenting to treatment, you are acknowledging your willingness to accept known risks and complications, no matter how slight the probability of occurrence.

I Certify That I Have Read And Fully Understand This Document

Response Date: