

INFORMED CONSENT

I am aware that the practice of dentistry is not an exact science, that the very nature of the treatment and my uniqueness as an individual require that no predictions can be made. I acknowledge that no guarantees have been made to me. I believe it is in my best interest to proceed with my chosen treatment, as opposed to any alternatives which may exist. I agree to abide by the doctor's post-operative instructions and that my failure to properly care for my oral health may lead to further complications. I accept the risks of subsequent harms, if any, in hopes of obtaining the desired beneficial results of the treatment.

I understand the risks involved with anesthetic and the treatment itself will be explained to me prior to treatment and I do give my free voluntary informed consent to the same.

Signature of patient or person authorized to consent for patient

Date

Signature of dentist

Date