

# Dental Informed Consent Form

Name of Patient: \_\_\_\_\_  
Patient is: Minor \_\_\_\_\_ Adult \_\_\_\_\_  
Patient reads and writes English: Yes \_\_\_\_\_ No \_\_\_\_\_  
Patient willingly signs this form: Yes \_\_\_\_\_ No \_\_\_\_\_  
If patient is a Minor, his/her Parent or guardian agrees to All of the  
above items: Yes \_\_\_\_\_ No \_\_\_\_\_

You are a dental patient of Carmac D. Taylor Jr., D.D.S. We will provide you a copy of your dental treatment plan as the need arises. Such treatment will be performed only if you agree that it be done. By making an appointment for treatment, you are agreeing to the treatment described on the treatment plan. You should also be aware of alternative treatments, which this office does not perform, such as silver/mercury fillings, tooth extractions, gum surgery and treatment, tooth straightening, and root canal treatment, all of which are performed by other offices/specialist.

Our dental treatment will likely involve the administration of anesthesia by injection or pre-medication. The administration of anesthesia can create certain risks to you. Those risks include: bleeding, temporary or permanent pain, infection, temporary or permanent nerve damage, allergic reaction, or the inability to drive a car or operate machinery for a certain period.

You must follow any regimen we suggest, either pre-treatment or post-treatment. This regimen may include taking antibiotics, rinsing with certain solutions, coming to us for follow-up appointments, tooth flossing and brushing, or the avoidance of certain foods.

After the treatment you must remain in our office until we release you. If you do not recover completely from anesthesia, please inform us immediately so that we may take appropriate action. You should have someone to drive you in the event you are not fully recovered from anesthesia or dental treatment.

**I have read and fully understand all of the above matters.**

**Signature:** \_\_\_\_\_

**Patient's Name (Parent or Guardian if a Minor):** \_\_\_\_\_

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

**Witness signature:** \_\_\_\_\_