Buonomano Paolucci Family Dentist, Inc.

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General Dentistry Consent Form:

This consent to treatment applies to all Paolucci Family Dentists dental care providers (dentist, specialist, and hygienists). You, the patient, have the right to accept or reject dental treatment recommended by your dentist. Prior to consenting to treatment, you should carefully consider the anticipated benefits and commonly known risks of the recommended procedure(s), alternative treatment(s) or the option of no treatment. Do not consent to treatment unless and until you discuss potential benefits, risk, and complications with your dentist and all your questions are answered. By consenting to the treatment, you are acknowledging your willingness to accept known risks and complications, no matter how slight the probability of occurrence.

You, as a patient, have the right to refuse all or a portion of the proposed treatment after the recommended treatment, alternate treatment options, and the likely consequences of declining treatment have been explained in language the patient understands. A patient who refuses to follow the recommendations of the dental provider must acknowledge his or her understanding of the potential consequences of the refusal (the most common being pain, infection, and/or loss of teeth), and the patient informed refusal must be recorded in the patient's electronic health record. It is very important that you, the patient, provide the dentist with accurate information before, during and after treatment. It is equally important that you follow your dentist's advice and recommendations regarding medication, pre and post treatment instructions, referrals to other dentists and specialists, and to return for a minimum of a yearly dentist examination. If you fail to follow the advice of the dentist, then you may increase the chances of a poor outcome for both your dental health and/or overall general health.

Treatment to be provided

I, the patient, understand that during my course of treatment the care provided may include examinations, radiographs, preventative services, cleanings, fillings, crowns, bridges, extractions, implants, and other surgical and non-surgical procedures. During the performance of these procedures, there is a small risk of damage to other teeth in the mouth including existing restorations (fillings, crowns, bridges, implants), and intraoral/extraoral (inside and outside of the mouth) soft and hard tissue. There is also a small risk of aspiration (substances into the airway) or swallowing existing restorations and/or dental materials.

Dental treatment risk factors, including use of drugs and other medications

I, the patient, must provide an accurate and complete medical history including medications I am taking and any known allergies. I understand that during routine dental treatment and during the course of treatment using antibiotics, analgesics (pain medication), local anesthetics, and other medications there is a risk of allergic reactions, swelling of the tissues, bruising, pain/soreness, itching, hematoma, trismus (lockjaw), paresthesia (numbness), vomiting, syncope (temporary loss of consciousness), subcutaneous emphysema (air trapped between the skin), anaphylactic shock (severe allergic reaction), heart attack, stroke, diabetic complications, and/or a medical emergency in the dental office that may require hospitalization.

Changes in treatment plan

I, the patient, understand that during routine restorative treatment (fillings, crowns, bridges) it may be necessary to change or add procedures because of conditions (cracked and decayed teeth are common examples) found while working on the teeth that were not discovered during examination, the most common being root canal therapy, crown lengthening therapy, and/or extraction. Routine restorative treatment is NOT 100% successful and you the patient may need future extraction, followed by implant, bridge, partial denture and/or living with a space in the mouth following routine restorative procedures.

Covid-19 consent and additional risk factors and complications

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. Dental procedures create water spray/aerosols which may increase the spread of the virus. The ultra-fine nature of the spray may linger in the air, which may transmit the COVID-19 virus. I, the patient, must understand that no dental treatment is risk free; and I the patient acknowledge the risks and complications outlined in this general consent form. Lastly, the dentist will take reasonable steps to limit any complications.
I acknowledge that I have read this statement and agree to the contents.

Signed Patient_____ Date_____
Signed Dentist_____

Signature _____ **Date** _____

Response Date: _____