



Consent for Dental Treatment: Initial Visit

Patient's Name: _____ *Date:* _____

PLEASE INITIAL EACH PARAGRAPH AFTER READING. IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTOR.

_____ I consent to a complete set of radiographs (FMX). For all new adult patients, a complete set of radiographs (FMX) need to be taken so that a comprehensive exam can be done. An FMX must be taken at the first visit if patient does not provide a recent copy that is less than 3 years old.

_____ I consent to a comprehensive exam to allow the doctor to diagnose conditions and make a treatment plan. The comprehensive exam is also needed to determine the type of cleaning needed.

_____ I understand that antibiotics, analgesics, anesthetics, latex, and other medications can cause allergic reactions resulting in redness and swelling of tissues, itching, pain, nausea, vomiting, or more severe allergic reactions. I have informed the doctor of any known allergies. Certain medications may cause drowsiness and it is advisable not to drive or operate hazardous equipment when using such drugs.

_____ I have received the Dental Board of California dental materials facts sheet.

_____ I have been given ample opportunity to ask questions and any questions I have asked have been answered in a satisfying manner.

_____ I certify that this form has been fully explained to me, that I have read it or have had it read to me and that I fully understand and accept its contents.

Patient/Parent or Legal Guardian Signature

Date

Doctor Signature

Date