

McMurphy Family Dentistry Consent Form
Amanda T. McMurphy, DMD

Patient Name: _____

Diagnostic Materials such as x-rays, photographs, impressions, and information from exams may be used for educational purposes. Limited exposure to radiation may be obtained. If you are pregnant, you must inform us immediately so that we can take proper precautions.

X _____

General Check-ups may cause some discomfort, root sensitivity and need for local anesthetic. If you have a pacemaker, you must inform us so that we may take proper precautions.

X _____

Local Anesthesia has a risk of pain during injection, prolonged numbness during and after procedure, soreness, swelling, stiff joints, paresthesia, transient numbness with itching, tingling or burning, anesthesia, and permanent numbness. Children are to be monitored by parents for lip, cheek or tongue biting after treatment.

*Permission to use Nitrous Oxide _____

X _____

Permanent Restorations such as fillings, crowns, bridges, temporary crowns and posts have risk of breakage, sensitivity, or possibility of root canal with follow up of a permanent crown. Patient is to be aware of, and will pay for, any additional treatment needed related to and after the above. The purpose of a temporary crown is merely to act as a protective blanket until the permanent crown comes in. Although we try our best to make them esthetically functional, they will not look or feel anything like your natural teeth or the permanent crown. This applies to children as well. ***We DO NOT offer amalgam (metal) fillings, only composite (white) fillings.

X _____

Root Canal Therapy has a risk of failure or a need to be retreated by a specialist, which may be signified by pain or swelling, and future possibility of an extraction and need for replacement. The tooth may fracture during the procedure or after procedure if not followed up with a permanent restoration. No reimbursement will be available for previously started or completed treatment.

X _____

Oral Surgery risks may include bleeding, pain, swelling, paresthesia, anesthesia, or sinus involvement. Always contact us or go to the emergency room if no one is available. This applies to children as well.

X _____

Emergency Care we are performing only a limited-problem focused examination today and are not responsible for any other conditions in the mouth present or future.

X _____

Pre-med is to be taken 1 hour before dental visit if required by physician. Some medical conditions require consent from your doctor before treatment can be done or any medication can be prescribed. If any pre-sedative is taken, be sure to have someone drive you to and from your appointment. In turn, there is always a risk that you will have an allergic reaction to some medications.

X _____

Removable Appliances such as partials and dentures have a risk of needing several adjustments, pain, swelling, infection and sensitivity or relines if necessary. Fixed space maintainers: Parent to pay 2nd re-cementation and for new if damaged.

X _____

Bleaching may cause tooth sensitivity, pain, irritation to gums, and if directions are not followed properly, the effects of bleaching can be reversed or not as effective. Patient will be supplied with list of do's and don'ts following treatment.

X _____

I, the undersigned, verify that I have read, understood, and therefore give my consent to **Amanda T. McMurphy, DMD, and Staff** for treatment to be done. I have asked all the questions that I desire to ask at the present time.

Patient/Guardian PRINTED NAME

SIGNATURE

DATE