

GENERAL CONSENT FOR DENTAL CARE

Thank you for choosing our office for your dental care. We will work with you to help you achieve excellent oral health. You should be aware that dental treatment, like any other medical treatment of the human body, has inherent risks. These risks are seldom great enough to offset the benefits of dental care, but should be considered when making treatment decisions.

Benefits of dental treatment can include:

- relief of pain and infection
- the ability to chew efficiently and comfortably
- reduction and/or elimination of chronic inflammation
- A pleasing smile that can bring confidence during social interactions

Common risks associated with any dental procedure can include:

- **Drug or chemical reaction.** Dental materials, procedures, and medications may trigger allergic or sensitivity reactions or may injure hard or soft tissues.
- **Long-term numbness (paraesthesia).** Local anesthetics or the administration of local anesthetics, required for comfortable dental treatment, can result in transient numbness or tingling, and rarely, with permanent numbness or tingling.
- **Muscle or jaw joint tenderness.** Holding one's mouth open can result in a muscle or jaw joint tenderness, or in a predisposed patient, precipitate a TMJ (jaw joint) disorder.
- **Sensitivity of teeth to temperature. Tenderness in gingiva (gums).** These are usually transient effects. Please inform the doctor if these symptoms persist more than a week.
- **Acute infection or bleeding** can occur after dental treatment. Inform the doctor immediately if you suspect these are occurring.

We follow procedural guidelines that most often lead to clinical success. The practice of Dentistry is not an exact science, the very nature of the treatment, and the uniqueness of each individual, require that no predictions or guarantees are made. We will make every effort to work with you to ensure a positive outcome from your dental care. **Your cooperation with home care, keeping scheduled appointments, and making regular recall visits at our recommended intervals will greatly impact the success of your dental care.** Please feel free to ask any questions you might have regarding all dental procedures recommended to you.

I give Jeffrey L. Kaes DDS PC permission to contact me via email or social media.

I have read and understand the statements on this page.

_____/_____/20____
Signature of Patient/Parent of minor patient Date