



## Consent Form: Dental Examination and X-rays

- 1) This form explains the care [that you may need \(one or more below\)](#), and request your permission to provide that care
  - A. **Clinical Exam:** I understand the dental staff will perform an oral examination on myself and provide dental care based on the dentist's findings. A treatment plan will be presented to me. This treatment plan may change during treatment based on conditions found while working on teeth that were not discovered during examination.
  - B. **Emergency Exam:** I understand that emergency dental examination may be limited. An emergency exam is usually done to relieve the patient from swelling, bleeding, and injury. A referral to a specialist or other facilities may be necessary.
  - C. **Dental x-rays:** Allows the dentist to diagnosis and treat conditions that cannot be detected during clinical examination such as caries (cavities), pathology, plan orthodontics, and evaluate the results of an injury. Dental x-rays are part of a comprehensive and emergency oral exam.
- 2) I have been informed of possible alternative methods of treatment including:
  - A. No treatment at all.
  - B. \_\_\_\_\_
- 3) The prognosis for this(these) procedure(s) was described as: [good](#)

**INFORMED CONSENT:** I have been given the opportunity to ask any questions regarding the nature and purpose of having a dental treatment procedure performed and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No promises or guarantees have been made to me concerning desired results of this procedure. The fee(s) for this service have been explained to me and are for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Lee and/or any associates to render that treatment necessary or advisable to my dental conditions, including the administration and/or prescribing of any and all anesthetics and/or medications.