

# Michigan Geriatric Dental Care

Mary M. Fisher, DDS

399 N. Old US Hwy23

Brighton, MI 48114

[www.michigangeriatricdentalcare.com](http://www.michigangeriatricdentalcare.com)

[mgdc@drmarymfisher.com](mailto:mgdc@drmarymfisher.com)

Office phone: 248-932-9243

Cell (Dr. Fisher): 248-760-4952

## Consent Form

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, alternative treatments, or option of no treatment.

Do not consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all your questions are answered. By consenting to treatment, you are acknowledging your willingness to accept known risks and complications, no matter how slight the probability of occurrence.

It is very important that you provide your 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 or specialists, and return for scheduled appointments. If you fail to follow the advice of your dentist, you may increase the chances of a poor outcome.

Some of the more commonly known risks and complications of treatment include, but are not limited to, the following:

1. Pain, swelling and discomfort after treatment.
2. Infection in need of medication, follow-up procedure or other treatment.
3. Temporary, or on rare occasion, permanent numbness, pain, tingling or altered sensation of the lip, face, chin, gum, and tongue along with possible loss of taste,
4. Damage to adjacent teeth, restorations, or gums,
5. Possible deterioration of your condition which may result in tooth loss.
6. The need for replacement of restorations, implants, or other appliances in the future.
7. An altered bite in need of adjustment.
8. Possible injury to the jaw joint and related structures requiring follow-up care and treatment, or consultation by a dental specialist.
9. A root tip, bone fragment or piece of dental instrument may be left in your body and may have to be removed later if symptoms develop.
10. Jaw fracture.
11. If upper teeth are treated, there is a chance of a sinus infection or opening between the mouth and sinus cavity resulting in infection or the need for further treatment.
12. Allergic reaction to anesthetic or medication.
13. Need for follow-up care and treatment, including surgery.

As with all surgery, there are commonly known risks and potential complications associated with dental treatment. No one can guarantee the success of the recommended treatment, or that you will not experience a complication or less than optimal result. Even though many of these complications are rare, they can and do occur occasionally. Certain heart conditions may create a risk of serious or fatal complications. If you have a heart condition or heart murmur, advise your dentist immediately so he/she can consult with your physician if necessary.

In her fee-for-service practice, Dr. Fisher can provide comprehensive dental care through portable dentistry and office care. The services provided through the mobile dental practice include oral examinations, regular professional cleanings, restorations, crowns and bridges, extractions, and complete and partial denture construction and rebasing.

Referrals are also available to dentists closer to your residence. To ensure regular oral care, we maintain a schedule for regular oral examinations and dental cleanings at an agreed upon interval that is appropriate to maintain oral health.

Please provide the name and contact information for the dentist or dental office that has provided dental services to you in the past 12 months.

The practice is fee for service. As a service to you, we submit all bills to the dental insurance company provided to us. The insurance reimbursement will be paid directly to the insured and a bill will be sent to the responsible party for payment in full.

Per Public Act 100 of 2015, you must be notified that treatment may be obtained at the patient's dental home rather than at a mobile dental facility. Obtaining duplicate services at a mobile dental facility may affect benefits received from private insurance, a state or federal program, or other third-party provider of dental benefits.

Taking into consideration all the above information and fully understanding the nature and possible consequences of my dental condition, the course of treatment and any risks of such treatment, I consent to the explained treatment.

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Patient's name (printed)

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Patient or Responsible Party's Signature Date