SMALL HANDS, BIG HEART

WILLDEN
FAMILY DENTAL

GENERAL CONSENT FOR DENTAL TREATMENT

SECTION A: PATIENT GIVING CONSENT

Name: _____

Birthdate: _____

SECTION B: TO THE PATIENT — PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

The consent for treatment includes but is not limited to:

- Local anesthesia and medications
- Extractions
- Radiographs, photographs
- Restoring teeth with fillings/crowns/bridges
- Root canals
- Other

I understand that specific informed consents may be required for any or all of the above procedures. I understand that because of the very nature of any proposed treatment and my unique needs; no one can predict the certainty of any outcome or success of any dental treatment. I understand that dental treatment contains no guarantees, warranty, or assurance of success. Each individual case is unpredictable making it impossible to surmise results. I further understand that the results may not be to my full satisfaction and my condition may be the same, better or worse after completion of treatment.

I have had the opportunity to ask questions about policies of Willden Family Dental. These questions have been answered to my complete satisfaction.

I have given an accurate reporting of my medical, mental and dental health issues.

I understand that if a prescription is written for a controlled substance, state law requires that certain prescription information, including my name, be entered into a secure database (Colorado's Prescription Drug Monitoring Program) when I fill this prescription. Authorized prescribers of controlled substances and law enforcement, in limited circumstances, may access the database for allowed uses.

I authorize Willden Family Dental to provide Emergency Care to me or the minor listed on this form.

I understand that all of the above information. I hereby give permission for diagnosis and/or treatment at Willden Family Dental for myself or for the minor child named in the document.

_____ _____
Patient Signature Date

_____
Legal Guardian Name (if applicable)

_____
Legal Guardian Signature (if applicable)