

Chantry Dental Care
Consent Form for General Dental Procedures

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 procedures, alternative treatments, or the option of no treatment..

Do not consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of 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 dentist or specialist, and return for scheduled appointments. If you fail to follow the advice of your dentist, you may increase the chances of a poor outcome.

Certain heart conditions may create a risk of serious or fatal complications. If you (or a minor patient) have a heart condition or heart murmur, advise your dentist immediately so he/she can consult with your physician if necessary. On very rare occasions underlying conditions or situations, of which we may be unaware, may create fatal outcomes even with ones best preventive efforts during or following even routine dental procedures.

The patient is an important part of the treatment team. In addition to complying with the instructions given to you by this office, it is important to report any problems or complications you experience so they can be addressed in a timely manner by your dentist.

If you are a women on oral birth control medication, you must consider that fact that antibiotics or other medications might make oral birth control less effective. Please consult with your physician before relying on oral birth control medication if your dentist prescribes, or if you are taking antibiotics or other medications. Other forms of birth control may need to be relied upon after the consumption of additional medications.

Further, I understand that I am entering into a contractual relationship with (Dr. Chantry, his associates, employees, and corporate entities) for professional care. I further understand that merit-less and frivolous claims for dental malpractice have an adverse effect upon the cost and availability of dental care, and may result in irreparable harm to a dental provider. As additional consideration for professional care provided to me by (Dr. Chantry, his associates, employees, and corp. entities), I agree not to advance, directly or indirectly, any false, merit-less, and/or frivolous claim(s) of medical/dental malpractice against (Dr. Chantry, his associates, employees or corp. entities).

Furthermore, should a dental malpractice case or cause of action be initiated or pursued, I agree to use expert witness(es) who practice primarily in the same specialty as (Dr. Chantry). Furthermore, I agree that these expert witnesses will be members in good standing of and adhere to the guidelines and / or code of ethics and conduct defined for expert witnesses by the American Dental Association. In further consideration for this, (Dr. Chantry, his associates, and corp. entities) agrees to the same stipulations. Additionally, all parties agree to utilize the mediation process or binding arbitration in the dispute of malpractice claim(s) etc. as the conclusive mechanism of satisfaction.

I acknowledge that monetary damages may not provide an adequate remedy for breach of this Agreement. Such breach may result in irreparable harm to Doctors reputations and business. Therefor all parties agree to protect the reputations of patient's and doctors and businesses. Additionally, (Dr. Chantry, his associates, employees, and corp. entities) agree to not disparage any patient in any public forums, with future providers, insurance entities or other agencies and agrees to keep all aspects of the doctor patient relationship or experience private and will only release such information with a signed written request. In consideration, I agree to this same confidentiality and respect of this doctor-patient relationship and experience. All parties (Dr. Chantry, his associates, his employees, and corp. entities) and I agree in the event of a breach to allow specific performance and/or injunctive relief.

As with all healthcare treatment, 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,

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 procedures or other treatments.
3. Temporary, or on rare occasion, permanent numbness, pain, tingling, loss of function or altered sensation of the lip, face, chin, gums 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 or other permanent complications or loss.
6. The need for replacement of restorations, implants or other appliances in the future.
7. An alteration in the bite which may require adjustment of restorations or other non treated teeth and even after best efforts permanent perception may result.
8. Possible injury to the jaw joint and related structures which may result in pain and dysfunction which may result in temporary or permanent conditions. You may therefore require related treatments or ongoing treatment or referral to specialists etc.
9. A root tip, bone fragments or a piece of dental instrument or materials may be left in your body, and may have to be removed at a later time if symptoms develop.
10. Jaw fracture
11. If upper teeth are treated, there is a chance of sinus infection or opening between the mouth and sinus cavity resulting in infection or the need for further treatment.
12. Allergic reaction to anesthetic, medications, or materials.
13. Need for follow up treatments including surgery etc.

This form is intended to provide you with an overview of potential risks and complications and mutual understanding. If any provision is found to be incorrect or unenforceable by local or general code etc. all other provisions shall remain in force. Do not sign this form or agree to treatment until you have read, understood, and accept each paragraph stated above. Please discuss the potential benefits, risks, and complications of recommended treatment with your dentist. Be certain all of your concerns and questions have been addressed to your satisfaction by your dentist before commencing with treatment.

Patient Signature

Date

Witnessed by

Date

Print Patient name

Parent or Guardian signature

Date