

Pikes Peak DENTAL

Phong Nguyen (Win), D.D.S.

General Consent Form

Thank you for choosing our office for your dental care. We will work to help you achieve excellent oral health. While recognizing the benefits of a pleasing smile and teeth that function well, you should be aware that dental treatment, like treatment of any other part of the body, have some inherent risks. These are seldom great enough to offset the benefits of treatment, but should be considered when making treatment decision.

Benefits of dental treatment can include: relief of pain, the ability to chew properly, and the confidence and social interaction that a pleasing smile can bring. Nonetheless, there are some common risks associated with virtually any dental procedure, including:

1. Drug or chemical reaction – Dental materials and medications may trigger allergic or sensitivity reactions.
2. Long-term numbness (paresthesia) – Local anesthetics, or its administration, while almost always adequate to allow comfortable care, can result in transient, or in rare instances, permanent numbness.
3. Muscle or joint tenderness – Holding one's mouth open can result in muscle or jaw joint tenderness, or in a predisposed patient, precipitate a TMJ disorder.
4. Sensitivity in teeth or gums, infection, or bleeding.
5. Swallowing or inhaling small objects.

While we follow procedural guidelines, which most often lead to a clinical success, just like in any other pursuit in health care, not everything turns out the way it is planned. We will do our best to assure that it does. Please feel free to ask questions in regard to all dental procedures that are recommended to you.

I have read and understand the above-mentioned statement.

Patient's/ Responsible party signature

Date

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (Will be given to you upon arrival to our office)

I, _____, have received a copy of this office's Notice of Privacy Practices as required by HIPAA.

Patient's/ Responsible party signature

Date

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