

GENERAL CONSENT AND AGREEMENT

I have requested general dental treatment. I understand that oral health varies between individuals. Genetic and social factors may impact my oral health and may lead to some common dental conditions, including: calcification/plaque deposits on teeth; dental caries (cavities); gum disease; and gingivitis. I understand that to treat these conditions, my general dental care may include: teeth cleanings; x-rays; removal of decay; and placement of fillings. I also understand that in order to perform general dental care, I may require administration of local anesthetic. I understand that such dental treatment may relieve pain, improve my ability to chew properly, and give me a more aesthetically pleasing smile.

Generally, any dental procedure involves the following risks:

1. Drug or chemical reaction. Dental materials and medications may trigger allergic or sensitivity reactions. Although rare, such reactions could result in numbness, swelling, pain, infection, and may adversely affect health.
2. Long-term numbness (paresthesia). Local anesthetic, or its administration, 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 order.
4. Sensitivity in teeth or gums, infection, or bleeding.
5. Inadvertently swallowing or inhaling small objects.

I understand that I may ask questions about all my dental procedures and that I should discuss any questions or concerns with my treatment providers.

I understand that if I am enrolled with an HMO dental plan that some services I receive will require a co-payment. The amount of my co-payment will vary according to the plan I have and the procedure that is performed. Additionally, if my plan has a yearly deductible I understand that it must be satisfied before the plan benefits begin for dental treatment. I further understand that dental services not covered under my plan may be prescribed in certain cases by HMO attending dentists. Non-member fees are charged for such services. Co-payments, deductibles, and any fee for service changes are subject to Dr. Bashi's regular financial arrangements. I understand there will be a \$75.00 charge for any missed appointment that is not canceled 24 hours in advance.

CONSENT TO TREATMENT

Patient Signature (Parent/Guardian- if minor)

Dr. Bashi

Date

