

GENERAL INFORMED CONSENT

NORTHAMPTON FAMILY & COSMETIC DENTISTRY
DR. TEDDI OLSZEWSKI

I, _____, consent to be a patient at the above named office. I also understand and consent to the following:

1. During the course of treatment, I may undergo procedures in all phases of dentistry including examination, radiographs, dental cleanings, periodontics (gum treatment and surgery), oral surgery, endodontics (root canals), fixed and removable prosthodontics (crowns, bridges, and dentures), implant dentistry, restorative dentistry, temporomandibular disorder treatment, sleep apnea treatment, oral pathology, and pediatric dentistry.
2. I will provide a thorough and complete medical history, supply a full list of my medications with dosages, and consent to my dentist communicating with my other medical practitioners to inquire about any aspect of my health history.
3. No guarantees can be made about treatment outcomes, restoration longevity, or prognoses. I understand that any branch of medicine, including dentistry, can involve unanticipated results.
4. My treatment plan may change at any time and I will do my best to keep open communication with my dentist, hygienist, and dental office staff.
5. I am welcome to ask questions about any aspect of my dental care and will request information if I am confused or need more information. I am responsible for clarifying any aspects of my treatment that I am unsure about.

Patient or Guardian Name

Date

Witness

Date