Name: _____ Chart Number: _____

GENERAL DENTISTRY INFORMED CONSENT

ARTICLE I

" It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review or arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration."

The parties hereto agree that the arbitration shall be conducted by: _____ San Diego, California, Tel: _____. The parties shall share equally, the costs of the arbitrator and all other costs of arbitration except that each party shall be solely responsible for its own attorney fees and expenses.

1. WORK TO BE DONE

I understand that I am having the following work done: Fillings _____ Bridges _____ Crowns _____ Extractions _____

Impacted Teeth Removed _____ Root Canals _____ Dentures _____ Exam and Necessary X-rays ___✓___.

(Initials _____)

2. DRUGS AND MEDICATIONS

I understand that antibiotics, analgesics, and other medications, can cause allergic reactions which may include, redness and swelling of tissue, pain, itching, vomiting, and/or anaphylactic shock.

(Initials _____)

3. CHANGES IN TREATMENT PLAN

I understand that during treatment it may be necessary to change or add procedures if conditions are discovered which were not apparent during examination; for example, root canal therapy following routine restorative procedures. I give my permission to the Dentist to make any/all changes and additions as necessary.

(Initials _____)

4. REMOVAL OF TEETH

Alternatives to removal have been explained to me (root canal therapy, crowns, and periodontal surgery, etc.) and I authorize the dentist to remove the following teeth: _____ and any others which might be necessary for reasons as set forth in paragraph 3, herein. I understand that removing teeth does not always eliminate all infection which might be present, and further treatment may be required. I understand the risks involved in having teeth removed. These risks include, but are not limited to, pain, swelling, spread of infection, dry socket, loss of feeling in my teeth, lips, tongue and surrounding tissue (parasthesia) which can last for an indefinite period of time, and fractured jaw. Should complications arise during of following treatment, I understand that I may require further treatment by a specialist, and that all costs incurred thereby, will be my responsibility.

(Initials _____)

5. CROWNS, BRIDGES AND CAPS

I understand that it may not be possible to have the artificial teeth exactly match the color of my natural teeth. I further understand that I may be wearing temporary crowns, which may come off easily, and that I must be careful to ensure that they are kept on until the permanent crowns are delivered. I understand the final opportunity to make changes in my new crowns, bridges or caps, (including shape, fit, size and color) will be before cementation. It is also my responsibility to return for permanent cementation within 30 days of tooth preparation. Excessive delay may allow for tooth movement. This may necessitate a remake of the crown, bridge, or cap. I understand there will be additional charges for remakes which become necessary as a result of any delay in permanent cementation caused by may failure to act in a timely manner.

(Initials _____)

(OVER)

6. ENDODONTIC TREATMENT (ROOT CANAL)

I understand there is no guarantee that root canal treatment will save my tooth, and that complications can occur from the treatment. I further understand that occasionally root canal filling material may extend through the root and that such an occurrence does not necessarily affect the success of the treatment. I understand that occasionally, additional surgical procedures (apicoectomy) may be necessary following root canal treatment. I understand that the tooth may be lost despite all effort to save it.

(Initials _____)

7. PERIODONTAL CLASSIFICATION

I understand that I have the following periodontal classification and treatment plans have been explained to me. _____Gingivitis type I, 3mm or less, shallow pockets, no bone loss. _____ Slight II type 3-4mm, Slight Periodontitis, minor to moderate bone loss, satisfactory topography. _____ Moderate III type 5-7mm, Moderate Periodontitis, moderate to deep pockets, moderate to severe bone loss, satisfactory topography. _____Severe IV type 8mm and greater, Advanced Periodontits, deep pockets, severe bone loss, advanced mobility patterns (usually cases involving missing teeth and reconstruction). _____ Refractive V type, Refractive Progressive Periodontits, rapid or continuous bone or attachment loss.

(Initials _____)

8. PERIODONTAL LOSS (TISSUE & BONE)

I understand that I have a serious condition, as specified in paragraph 7, herein, which condition causes gum and bone inflammation or loss, which I understand can lead to the loss of my teeth, there are alternative treatment plans which have been explained to me. These alternative plans include, but are not limited to, gum surgery, replacements and/or extractions. I understand that undertaking any dental procedures may have a future adverse effect on my periodontal conditions.

(Initials _____)

9. FILLINGS

I understand that in order to avoid breakage, care must be exercised in chewing on fillings, especially during the first 24 hours after placement. I understand that a more extensive filling than originally diagnosed may be required if additional decay is discovered. I understand that significant sensitivity is a common after effect of a newly placed filling.

(Initials _____)

10. DENTURES

I understand the wearing of dentures is difficult. Sore spots, altered speech, and difficulty in eating are common problems. Immediate dentures (placement of denture immediately after extractions) may be painful. Immediate dentures may require considerable adjusting and several relines. A permanent reline will be needed later. This is not included in the denture fee. I understand that it is my responsibility to return for delivery of the dentures. I understand that failure to keep my delivery appointment may result in poorly fitted dentures. If a remake is required as a result of delay which is attributable to me, and that delay exceeds thirty (30) days, I will be responsible for the additional charges.

(Initials _____)

I understand that dentistry is not an exact science and therefore, reputable practitioners cannot properly guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment which I have requested and authorized. I understand that each Dentist is an individual practitioner and is individually responsible for the dental care rendered to me. I also understand that no other Dentist is responsible for my dental treatment.

(Initials _____)

I hereby authorize any of the doctors or dental auxiliaries to proceed with and perform the dental restorations and treatments as explained to me. I understand that this is only an estimate and subject to modification depending on unforeseen or undiagnosable circumstances that may arise during the course of treatment. I understand that regardless of any dental insurance coverage I may have, I am responsible for payment of dental fees. I agree to pay any attorney fees, collection fees, or courts that may be incurred to satisfy this obligation.

(Initials _____)

" NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRAIL. SEE ARTICLE I OF THIS CONTRACT."

(Initials _____)

Signature_____Date_____

Doctor_____Witness_____