

KIEU M. LE, D.D.S

**CONSENT FOR DENTAL TREATMENT AND ACKNOWLEDGEMENT OF
RECEIPT OF INFORMATION**

State law requires us to obtain your consent for dental treatment. Please ask us about anything you do not understand.

Any alternatives to the recommended treatment, including no treatment, have been explained to me. In general terms the contemplated dental treatment is: Examination and delivery of necessary care which may include: tooth cleaning, filling, root canal, fabrication of crowns and bridges, oral surgery and periodontal therapy.

There are risks associated with any dental treatment. This includes the administration of any local anesthetic agent, analgesic agent(s) to produce conscious sedation, and/or pre-medication prior to dental care being rendered. Some of these risks/complications are, but not limited to the following:

Infection, bleeding, failure of wound to heal, loss of teeth, loss of bone, instrument breakage, bacterial endocarditic, breakage of roots(s) retained root fragments, failure of treatment to accomplish its purpose, paresthesia or numbness of tongue, and/or mouth, and/or face. Slough (unanticipated loss of hard and/or soft tissue. Injuries to adjacent teeth and/or hard or soft tissues. Dry socket, incomplete removal of tooth, injury to adjacent structures. Allergic reaction to drugs. tooth or fragment in maxillary sinus. Death (in rare instances). Swallowing and/or aspiration of objects. Trismus (jaw pain or difficulty opening mouth). Fracture of mandible (lower jaw) or maxilla upper jaw). Opening between mouth and sinus or mouth and nose.

Additional oral surgery, hospitalization and/or further treatment may be required in the event of any complication(s)

ACKNOWLEDGEMENT: _____

A Virginia law was enacted in 1989 that allows health care providers to test their patients for HIV, Hepatitis B and C when a health care worker is exposed to the blood or body fluids of a patient which may transmit human immunodeficiency virus (HIV), the virus which causes Aids or Hepatitis B. Because this is a law, in the event of such exposure, you will be deemed to have consented to such testing, and to have consented to the release of test results to the exposed worker.

I acknowledge that I have read this consent form, or that it has been read to me and that I Understand the information contained on this consent form. I was given an adequate opportunity to ask any questions and all questions that were asked were answered to my satisfaction.

I hereby authorize and direct the dentist and/or associates, hygienist, assistants of their choice to perform the diagnostic, surgical or dental treatment. This consent form will remain valid unless revoked by me in writing.

I realize by signing this form I am in no way compromising my rights as a patient and still expect to receive the highest quality dental care.

Date: _____ Signature of patient or guardian _____