



Consent for Dental Treatment

Applicant's Name: _____

The purpose of this consent is to help you understand there are risks that can occur during dental procedures. The dentist and staff will take steps to limit these risks.

Risks associated with dental procedures may include:

- Soreness in teeth or gums
- Infection or prolonged bleeding (not common)
- Muscle or jaw joint soreness caused by holding your mouth open for a long time
- Drug or chemical reactions caused by dental materials and medications (not common)
- Long-term numbness from dental freezing and extractions (not common)

I consent to dental treatment as explained by the dentist and staff at the CDAC clinic and I understand that all treatments and procedures have a risk.

Patient/Guardian Signature

Date

Reviewed by