

# Informed Consent for General Dental Procedures

You, the patient, have the right to accept or reject dental treatment recommended by your dentist. Prior to consenting to treatment, you should carefully consider the anticipated benefits and commonly known risks of the recommended procedure, alternative treatments, or the option of no treatment.

Do not consent to treatment until you discuss potential benefits, risks, complications, and financial responsibility with your dentist and all your questions are answered. By consenting to the treatment, you are acknowledging your willingness to accept known risks and complications, no matter how slight the probability of occurrence.

It is very important that you provide your dentist with accurate information before, during, and after treatment. It is equally important that you follow your dentist's advice and recommendations regarding medication, pre- and post-treatment instructions, referrals to other dentists or specialists, and return for scheduled appointments. If you fail to follow the advice of your dentist, you may increase the chances of a poor outcome.

I, \_\_\_\_\_, authorize examination and treatment necessary by or under the supervision of Dr. Khalil. This includes, but is not limited to, exposure of radiographs as necessary, use of local anesthesia, and use of appropriate medications and materials for such treatment.

I understand that during the course of treatment that the following care may be provided: examinations, preventative services, and restorative services.

I understand that antibiotics, anesthetics, and other medications can cause allergic reactions causing redness, swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reactions). All known allergies should be listed on your medical history and all future updates to avoid any sort of reaction.

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination. The most common condition is root canal therapy following routine restorative procedures. I give my permission to the dentist to make any/all changes and additions as necessary.

I give permission to the dental office to bill my dental insurance provider for the treatment provided.

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Signature

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Date

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