



PATIENT INFORMED CONSENT

I understand that by signing below and initialing any of the following items that I request and authorize the procedure to be done and have read and understand the possible risks and complications of the procedure. Initials_____

1. Emergency Situations

I give Dr. Luc and her staff permission to perform ANY necessary procedures in an emergency situation. Initials_____

2. X-Rays & Examination

I understand that I will be receiving a dental examination from a state licensed dental practitioner. I understand that while x-rays are being taken of my teeth, I will be exposed to minimal amounts of radiation as part of the necessary requirements to complete a thorough and comprehensive examination. I also understand that I need to inform the person taking my x-rays if I am pregnant because radiation exposure poses a serious threat to the life and health of my unborn child. **Pregnant women are required to have medical release from their Medical Doctor prior to x-rays and dental treatment.** Initials_____

3. Changes in Treatment Plan

I understand that during treatment it may be necessary to change procedures or add procedures because of conditions discovered while working on the teeth that were not found during examination. I understand that there may be unforeseen changes that may occur during treatment. I understand that whenever possible, I will be informed of any treatment changes in advance. I give my permission to the Dentist to make any and/or all changes and additions as necessary. Initials_____

4. Hygiene

I understand that the long-term success of treatment and status of my oral condition depends on my efforts at proper oral hygiene (i.e. brushing and flossing regularly) and maintaining regular hygiene visits at the dental office. I understand that instruments used during any cleaning appointment can cause injury to the gum tissue, bleeding, and soreness. Initials_____

5. Allergic Reactions

During dental procedures, many materials are used that may cause an unknown adverse reaction. Should I experience any of these reactions, I must inform the staff immediately. Dr. Luc and her staff will not be liable should such an unknown adverse reaction occur.

Initials_____

6. In the Dental Chair

Once in the dental chair, I will be laying down. I may experience light-headedness, back aches, and/or vertigo upon being laid down or being seated up. In addition, because I am lying down, my throat may feel numb (due to the anesthesia, if any) and/or my mouth may pool up with liquid, creating a choking sensation. I understand that I must breathe through my nose and raise my LEFT hand should I not be able to manage these different sensations. While in the dental chair, objects, materials, and liquids may get into my eyes. I may also experience some sensitivity from the different types of light used in the operatory. It is important that I wear eye protection (glasses or shades). If I do not have any, I must request a pair from the staff once I am seated. Initials_____

7. Sitting Still

I understand that Dr. Luc and her staff will be using tools that may, unintentionally, cut my tissues (i.e. tongue, cheeks, gums, face, chest, etc.). It is very important that I sit as still as possible and not make any movements that may obstruct the staffs' view or cause them to drop any of these tools across my body and/or face. Furthermore, I understand that the instruments used may unavoidably chip or damage adjacent teeth, which could require further treatment to restore their appearance or function, at costs to the patient.

Initials_____

8. Right to Refuse to Render Services

I understand that Dr. Luc and her staff have the right to refuse services to any individual for any reason. Initials_____



LUC DENTAL CARE
FAMILY AND COSMETIC DENTISTRY

I understand that there has been no guarantee or assurance made by anyone in regards to the dental treatment that I have authorized. I also acknowledge that I am responsible for payment of all my dental fees regardless of any dental insurance coverage.

Signature of Patient _____ Date _____

Signature of Witness _____ Date _____

Last updated 3/23/11