



We welcome you to our office and want to provide you with the best care possible. If you have any questions regarding our policies and your treatment, please do not hesitate to ask.

INFORMED DENTAL CONSENT

Dental procedures are not to be taken for granted as routine or without the risk of complications. As with all medical treatment to ones body, there are no guarantees that the results will be exactly as planned. Complications in dentistry are very low but they do exist.

Even minor procedures like a simple ‘filling’ can lead to major complications that can’t be foreseen. For example, a local anesthetic injection could lead to an allergic reaction, anaphylaxis, facial hemorrhage, swelling, bruising, and even hospitalization or death.

Granted these are fairly uncommon occurrences but individuals who are contemplating treatment should be aware of this prior to consenting.

Whenever drilling is involved, even a simple cavity can lead to nerve problems, abscess, fractured tooth, and/or post treatment pain to biting and to temperature extremes (hot and cold). These complaints can be transient or may persist requiring further treatment.

The above examples are only samples of possible complications with dental treatment and are not limited to these. In general, complications include but are not limited to pain, swelling, bleeding, infection, and other nerve problems.

Initials _____ **Date** _____

SCHEDULING/CANCELLING APPOINTMENTS

When you make an appointment we reserve that time for you. We understand that extreme or unavoidable emergencies or circumstances do arise which may require you to cancel your appointment. We reserve right to charge for any appointment(s) broken without a 24 hours notice. The charge will be \$50.00 for every thirty (30) minutes of appointment time.

Initials _____ **Date** _____

I have read and understand Dr. Richard H. Berman’s Informed Dental Consent, Financial Policy and Scheduling Policy.

Signature of Patient / Parent or Guardian (if minor)

Date