



R I D G E C O M M O N S

# FAMILY DENTISTRY

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## DENTAL TREATMENT INFORMED CONSENT

### 1. HEALTH INFORMATION

I agree to disclose all previous illnesses and medical history. Undisclosed medical information and current medications, allergies, or illness are risk factors.

### 2. DRUGS, LATEX AND MEDICATION

I understand that antibiotics and other medicines can cause allergic reactions and even life-threatening anaphylaxis. Also, some antibiotics interfere with birth control pills. Latex allergy can cause rashes and itching. Epinephrine increases heartbeat and depending on my health may be dangerous to me.

### 3. NEEDLE STICK

If someone is inadvertently stuck with needles used on me, I consent to have blood drawn for analysis.

### 4. FILLINGS, CROWNS AND UN-ANTICIPATED ROOT CANALS

Some teeth may need a root canal even after a simple filling. Fillings and crowns do take away tooth structure and a percentage of these teeth end up needing a root canal after the filling and crown is done.

### 5. ROOT CANAL FAILURE

Root canals can fail and may require additional treatment or I may end up having the tooth extracted.

### 6. PORCELAIN CROWNS, VENEERS, BONDING AND COSMETIC FILLINGS

Porcelain Crowns, veneers, cosmetic bonding and composite fillings are esthetically pleasing. However, I understand that if they chip or break after excessive use, I am responsible for repairs or remakes. Once a crown, veneer, bonding or filling is placed, I understand the shade cannot be changed.

### 7. GUM TREATMENTS AND REQUESTING "Just a Cleaning"

If I don't floss or if I smoke, I can expect to have a deteriorating gum condition. I agree that if I need gum treatment, I will NOT insist that I simply get a cleaning (prophylaxis)

### 8. EXTRACTIONS AND SURGERY

I understand that all dental extractions or surgeries carry risks. Some are minor like a dry socket following an extraction. Some are life threatening such as post-surgical infection or anaphylaxis.

### 9. FEE FOR ADDITIONAL OR SPECIALTY CARE

I understand that I may need treatment beyond what was originally planned (a crowned tooth becomes painful and will need a root canal), or I may be referred to a specialist for additional care (root canal was not successful). I agree to be financially responsible for the additional or specialty care.

### 10. LIMITATIONS OF INSURANCE COVERAGE

There are charges beyond what insurance will pay, e.g. nitrous oxide, temporary dentures, tapping off crowns or bridges, bleaching or cosmetic work. Also, as a service to patients, this office will file insurance claims on their behalf. I understand that what may be quoted as my portion (co-payment) is only an estimate. I agree to be financially responsible for what insurance does not cover.

### 11. REQUESTING RECORD TRANSFER

I understand that I must sign a release form before Ridge Commons Family Dentistry can send any dental records to a third party or to myself.

### 12. HYGIENE APPOINTMENTS

If I am more than 15 minutes late for my cleaning appointment, I may have to reschedule or wait as a walk-in appointment

I understand that my treatment plan may change at any time and I will do my best to approach my dental care with optimism and open communication with my dentist, hygienist, and dental office staff.

\_\_\_\_\_  
Signature of Patient or Parent/Legal Guardian

\_\_\_\_\_  
Date