

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 1. Health Information

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

## 2. Drugs, latex and medicines

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 the heartbeat and, depending on my health, may be dangerous to me.

## 3. Needle stick

If someone is inadvertently stuck with a needle 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 or crown is done.

## 5. Root Canals Can Fail

Root canals can fail and may require additional treatment or the tooth may not be salvageable and require extraction

## 6. Porcelain Crown, Veneers, Bonding and Cosmetic Fillings

Porcelain crowns, veneers, cosmetic bonding and composite fillings are aesthetically pleasing; however, I understand that if they chip or break after successfully in use, I am responsible for repairs or remakes. Once a crown, veneer, bonding or filling is placed, I understand the color cannot be changed.

## 7. Extractions and Surgery

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

## 8. 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.

## 9. Insurance/Limitations of Insurance Coverage

I authorize Smiles on Trindle Dental Care to file claims on my behalf. There might be charges beyond what insurance will pay, deductible, copays or coinsurance that are my financial responsibility. 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.**

## 10. Gum Treatments and Requesting "Just a Cleaning"

If I do not floss, smoke and/or have gum disease, I can expect to have a deteriorating gum condition. I agree that if I require gum treatment, I will not insist that I simply get a cleaning (prophylaxis).

## 11. Appointments

If I am more than 10 minutes late for my appointment, I will reschedule and pay a broken appointment fee.

## 12. 24 Hour Notice for Cancellations

I agree to give 24-hour notice for cancellations or pay the broken appointment fee. (See financial policy for amount)

## 13. Requesting Record Transfers

Upon finding a new dentist, I will give the office 24 hrs to transfer records and provided a signed records release to authorize the transfer of records

**I do not expect guarantees in dental care. I have read the above and consent to treatment.**

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness