

Consent Form

I understand that the practice of dentistry is not an exact science. I further understand that no one can promise that any dental treatment or procedure will be successful or that any risk or complication or injury will not occur. No guarantee or warranty has been made to me by Dr. Olson or any of his staff as a result of any treatment or as to any risk, complication or injury that may arise from any dental treatment or any anesthetic, x-rays or other care.

I understand that all anesthetics involve risks of complications and serious possible and permanent damage. In some cases anesthetics may result in paralysis of the lip, face or tongue.

I further understand that individual reactions to treatment cannot be predicted, and that if I experience any unanticipated reactions during or following any treatment, I agree to report them to the office as soon as possible.

I have been told that the success of the recommended treatment depends upon my cooperation in keeping scheduled appointments, following home care instruction, including oral hygiene and dietary instructions, and reporting to the office any change in my health status as soon as possible.

I understand that unforeseen conditions or circumstances may arise during the course of dental treatment. Hence, I consent to and authorize the performance of any care, procedure, or treatment that Dr. Olson reasonably believes necessary or advisable as a result of these unforeseen events.

Patient Signature _____ Date _____