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GENERAL CONSENT FOR DENTAL TREATMENT

I understand the purpose of this general consent is to raise my awareness of risks that are common-place in many dental procedures. I understand my dentist reserves the right where appropriate (for example: root canal therapy, extractions and other oral surgery, treatment of gum disease, placement or restoration of implants, crowns, bridges, and dentures) to provide me with a more specific informed consent discussion.

I understand that every dental patient has the right to informed consent. That means that as a patient or as a legal guardian for a patient I should understand what treatment is being proposed, what the possible complications and risks are, and what the alternatives are to the treatment. Of course, one alternative for me is to do nothing, although that carries with it it's own risks.

My signature below confirms that I understand no dental treatment is completely risk free, and that my dentist will take reasonable steps to limit any complications of my treatment and to provide competent dentistry with comfort and care.

I understand that some after-treatment effects and complications tend to occur with regularity. I understand that the practice of dentistry is not an exact science and my dentist offers no guarantees or assurances as to the outcome or result of treatment or surgery.

I have the right to ask Dr. Swanlund for more information if I have any concerns about my procedures and the possible side effects or complications. I promise to use that right to its fullest intent, if for any reason I feel I am not fully informed about my procedure, the risk of the procedures, and my alternative to the procedure.

Patient Name _____ Signature _____

Relationship to Patient _____ Date _____