

# AESTHETIC DENTISTRY

for those who know the difference

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## General Dentistry Informed Consent

### Work to be Done

I understand that I am having the following work done:

Examination \_\_\_\_\_

(Initials \_\_\_\_\_)

X-Rays \_\_\_\_\_

Prophylaxis \_\_\_\_\_

### Drugs and Medications

I understand that antibiotics, analgesics and other medications can cause allergic reactions causing redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction).

(Initials \_\_\_\_\_)

### Changes in Treatment Plan

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination; the most common being root canal therapy following routine restorative procedures. I give my permission to the Dentist to make any/all changes and additions as necessary.

(Initials \_\_\_\_\_)

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Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor \_\_\_\_\_ Witness \_\_\_\_\_