



GENTLE TOUCH

FAMILY DENTAL CARE

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INFORMATION CONSENT FOR GENERAL DENTAL PROCEDURES

As the patient, you have the right to accept or reject dental treatment recommended by your dentist. Prior to consenting to treatment, you should carefully consider the anticipated benefits and commonly known risks of the recommended procedures, alternative treatments or the option of no treatment.

Please do not consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of your questions are answered.

Some of the more commonly known risks and complications of the treatment include, but are not limited to the following:

- » Pain, swelling and discomfort after treatment.
- » Infection in need of medication, follow-up procedures or other treatment.
- » Temporary or on rare occasion, permanent numbness, pain, tingling or altered sensation of the lip, face, chin, gums and tongue along with possible loss of taste.
- » Damage to adjacent teeth, restorations or gums.
- » Possible deterioration of your condition which may result in tooth loss.
- » The need for replacement of restorations, implants or other appliances in the future.
- » An altered bite in need of adjustment.
- » Possible injury to the jaw joint and related structures requiring follow-up care and treatment, or consultation by a dental specialist.
- » A root tip, bone fragment or a piece of a dental instrument may be left and may have to be removed at a later time if symptoms develop.
- » Jaw fracture.
- » If upper teeth are treated as in extractions, there is a chance of a sinus infection or opening between the mouth and sinus cavity resulting infection or the need for further treatment.
- » Allergic reaction to anesthetic or medication.
- » Need for follow-up care and treatment, including surgery.

Initial after reading: _____

It is very important that you provide your dentist with accurate information before, during and after treatment. It is equally important that you follow your dentist's advice and instructions, referrals to other dentist or specialists and return for scheduled appointments. If you fail to follow the advice of your dentist, you may increase the chances of a poor outcome.

Certain heart conditions may create a risk of serious or fatal complications. If you (or a minor patient) have a heart condition, advise your dentist immediately so he can consult with your physician if necessary.

The patient is of course the most important part of the treatment team. In addition to complying with the instruction given to you by this office, it is necessary to report any problems or complications you experience so they can be addressed by your dentist.



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If you are a woman on oral birth control medication, you must consider the fact that antibiotics might make oral birth control less effective. Please consult with your physician before relying on oral birth control medication if your dentist prescribes or if you are taking antibiotics.

This form is intended to provide you with an overview of potential risks and complications. Do not sign this form or agree to treatment until you have **read, understand and accept** each paragraph stated above. By consenting to treatment, you are acknowledging your willingness to accept known risks and complications, no matter how slight the probability of occurrence. Please discuss the potential benefits, risks and complications of recommended treatment with your dentist. Be certain all of your concerns have been addressed to your satisfaction by your dentist before commencing treatment.

Please Print Patient Name: _____

Patient, Parent/ Guardian signature (If minor): _____

Relationship to Patient: _____ Date: ____/____/____

Witness Signature: _____ Date: ____/____/____