

Blue Valley Cosmetic and Family Dentistry
Informed Consent for Surgery

I, _____, hereby authorize:
(Name of Patient, Relative or Legal Guardian)

(Name of Dentist)

to perform in the following procedure(s):

(State names of all Procedures, Operations and Treatment(s))

on _____
(Self or Name of Patient)

Please initial that the following items have been discussed and explained to my satisfaction:

- a. the nature and purposes of the above procedure(s);
- b. alternative methods of diagnosis and/or treatment;
- c. reasonable significant risks.
(i.e., pain; bleeding; infection; sinus involvement; inferior alveolar nerve damage.)

I understand that unforeseen circumstances may arise during the course of the procedure(s) which may require other or additional operative or medical procedures.
I authorize the dentist(s) named above and his/her assistants to modify the proposed procedure or to perform any added procedures as are necessary or desirable in the exercise of professional judgment.

I agree to the use of anesthesia as required (Nitrous Oxide; IV Conscious Sedation).

I understand any tissue removed will be disposed of in accordance with customary practice.

I understand no warranties or guarantees have been made on the outcome of this procedure, treatment or operation(s).

I certify that I have read and fully understand this consent and the matters which have been explained to me. I further certify that I have full authority and accept full responsibility to execute this consent for and on behalf of the above named patient and that I am signing freely and voluntarily. An offer has been made to answer any questions.

(Patient's, Relative or Legal Guardian's Signature)

(Date)

(Time)

(Dentist's Signature)

(Date)