



## **CONSENT TO PROCEED**

I authorize Dr. Nicolas Ravon and/or such associates or assistants as he may designate to perform those procedures as may be deemed necessary or advisable to maintain my dental health or the dental health of any minor or other individual for which I have responsibility, including arrangement and/or administration of any sedative (including nitrous oxide), analgesic, therapeutic, and/or other pharmaceutical agent(s), including those related to restorative, palliative, therapeutic or surgical treatments.

I understand that the administration of local anesthetic may cause untoward reaction or side effects, which may include, but are not limited to bruising, hematoma, cardiac stimulation, muscle soreness, and temporary or rarely, permanent numbness. I understand that occasionally needles break and may require surgical retrieval. Occasionally drops of local anesthetic may contact the eyes and facial tissues and cause temporary irritation.

I understand that as part of the dental treatment, including preventative procedures such as cleanings and basic dentistry, including fillings of all types, teeth may remain sensitive or even possibly quite painful both during and after completion of treatment. Dental materials and medications may trigger allergic or sensitivity reactions.

After lengthy appointments, jaw muscles may also be sore or tender. Holding one's mouth open can, in a predisposed patient, precipitate a TMJ disorder. Gums and surrounding tissues may also be sensitive or painful during and/or after treatment. Although rare, it is also possible for the tongue, cheek, or other oral tissues to be inadvertently abraded or lacerated (cut) during routine dental procedures. In some cases, sutures or additional treatment may be required.

I understand that as part of dental treatment items including, but not limited to crowns, small dental instruments, drill components, etc. may be aspirated (inhaled into the respiratory system) or swallowed. This unusual situation may require a series of x-rays to be taken by a physician or hospital and may, in rare cases, require bronchoscopy or other procedures to ensure safe removal.

I understand the need to disclose to the dentist any prescription drugs that are currently being taken or that have been taken in the past, such as Phen-Fen. I understand that taking the class of drugs prescribed for the prevention of osteoporosis, such as Fosamax, Boniva, or Actonel, may result in complications of non-healing of the jaw bones following oral surgery or tooth extractions.

I do voluntarily assume any and all possible risks, including the risk of substantial and serious harm, if any, which may be associated with general preventative and operative treatment procedures in hopes of obtaining the potential desired results which may or may not be achieved, for my benefit or the benefit of my minor child or ward. I acknowledge that the nature and purpose of the foregoing procedures have been explained to me if necessary and I have been given the opportunity to ask questions.

**Signature of Patient or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **DENTAL MATERIALS FACT SHEET**

In accordance with State of California, our office is required to provide you with a four-page fact sheet and a glossary of terms page. The materials compared are considered to be the most frequently used in dentistry by the State of California. The information supplied is considered by the State of California to be supported by relevant, credible dental research published mainly between 1993-2001.

We would like to point out that the materials are discussed in general categories and in those categories, there are many specific products. We will gladly discuss the specific materials we use and why we chose those materials.

In general, of the three types of direct restorative dental materials, we use the composite resin in our office. Direct materials are those that we use for fillings or bondings when the treatment is started and finished in the same appointment. Indirect materials are those used when we do a treatment that is on one day and finished on another because there is lab work to be completed.

Your signature is needed below to acknowledge that we gave you these materials. Again, please ask any questions you may have regarding the materials we will use for your treatment.

**Signature of Patient or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_