



Sierra Dental and Orthodontics

General Dentistry Consent Form

1. I hereby authorize and direct the dentist Robert Catron, DDS and/or dental auxiliaries of choice, to perform the following dental treatment (tx) or oral surgery procedures including the use of any necessary or advisable anesthesia, radiographs (x-rays) or diagnostic aids:
 - a. Preventive hygiene tx and the application of topical fluoride
 - b. Application of plastic sealants to the grooves of the teeth
 - c. Tx of diseased or injured teeth with restorations like fillings and crowns
 - d. Replacement of missing teeth with prostheses like bridges, partial dentures or full dentures
 - e. Removal of 1 or more teeth
 - f. Treatment of disease or injured oral tissue hard and soft
 - g. Treatment of malposed or crooked teeth, developmental or growth issues
2. I understand that there are risks involved and that I can ask questions about those risks and the treatment to my full satisfaction before procedure and that it is my responsibility to bring up any questions beforehand.
3. I agree to the use of local anesthesia, nitrous oxide (\$95/use during anesthesia or \$165/use per hour of procedure) and/or sedative drugs depending on the judgment of the doctor. Nitrous sometimes can produce nausea and vomiting. Local anesthesia does incur some rare risks such as: swelling, bruising, pain, nausea, temporary and (rarely) permanent anesthesia (numbness), allergic reactions, and hematoma. In most rare circumstances there is risk of cardiovascular and respiratory collapse, resulting in lack of oxygen to the brain that can cause coma, permanent brain damage or death.
4. I recognize that during tx, unforeseen circumstances may require additional or different procedures than those originally discussed. I therefore authorize and request the performance of any additional procedures that are deemed necessary or desirable for oral health and wellbeing in the professional judgment of my dentist. These changes will be discussed with me as best as possible.
5. I understand that success of tx will heavily depend on patient in following pre-treatment and post treatment directions. This includes regular flossing, brushing, regular x-rays and 6 month exams. Ortho cases usually require monthly exams. I understand my next exam and cleaning (or orthodontic appointment) will always be scheduled in the future and that it is my responsibility to show up or reschedule. If I cancel the appointment or for whatever reason the appointment does not happen, it is my responsibility to be seen regularly.
6. I understand that dentistry is not an exact science and that reputable practitioners cannot fully guarantee results. Many dental conditions can also be treated by specialists and I understand that referrals are readily available to me and that I am always encouraged to consider tx with a specialist. I acknowledge no guarantee or assurance has been made by anyone regarding my future dental treatment which I have and do authorize.
7. In the event of any dispute that a face to face meeting with Dr. Catron cannot resolve, Patient agrees to resolve issues with Sacramento Dental Society peer review, or through legal arbitration. In the event, parties cannot decide on arbitrator, El Dorado superior court will assign an arbitrator knowledgeable in dental matters.

Patient/Guardian Signature _____

Date _____