

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Informed Consent for General Dental Procedures**

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

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. By consenting to treatment, you are acknowledging your willingness to accept known risks and complications, no matter how slight the probability of occurrence.

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 recommendations regarding medication, pre and post treatment instructions, referrals to other dentists or specialist, 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 or heart murmur, advise your dentist immediately so he/she can consult with your physician if necessary.

Certain bisphosphonate medications create a risk of non-healing or osteonecrosis. You are acknowledging your willingness to accept these known risks and complications.

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

If the patient is 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.

Pregnancy of the patient will cause changes in dental treatment and radiograph recommendations. The dental providers must be informed in there is any chance of the patient being pregnant prior to any dental treatment.

Dental radiographs will be recommended at certain times to check on tooth development and decay processes. Comprehensive dental treatment recommendations will necessitate radiographs at certain visits.

Further, I understand that I am entering into a contractual relationship with Dentist for professional care. I further understand that meritless and frivolous claims for dental malpractice have an adverse effect upon the cost and availability of dental care, and may result in irreparable harm to a dental provider. As additional consideration for professional care provided to me by Dentist, I, the parent/guardian and/or representative agree not to advance, directly or indirectly, any false, meritless, and/or frivolous claim(s) of dental malpractice against the Dentist. I also hold harmless, Dr. Pettinato from any claims arising from associates, specialists, independent contractors or staff. Dr. Pettinato (Dr. Frank, Erika, or Tierney Pettinato) shall not be held vicariously liable for claims, disputes or neglect of other providers.

In an effort to control the increasing costs of dental care, any claims or disputes against the office shall be resolved by "binding arbitration". By signing this agreement, the patient agrees with Dr. Pettinato, that any dispute relating to dental or medical care services rendered for any condition, including any services rendered prior to the date this agreement was signed, and any dispute arising out of the diagnosis, treatment, or care of the patient, including the scope of this arbitration clause and the arbitrability of any claim or dispute, against whenever made, (including to the full extent permitted by applicable law third parties who are not signatories to this agreement [including associates, specialists, and independent contractors] shall be resolved by binding arbitration governed by the provisions of Florida Arbitration code, Florida statues, section 682.01 et seq. All substantive provisions of Florida law governing medical/dental malpractice claims and damages related thereto, including but not limited to, Florida's Wrongful Death Act, the standard of care for dental providers, caps on damages under Florida Statutes 766.118, the applicable statute of limitations and repose as well as and the application of collateral sources and setoffs shall be applied.

Initials \_\_\_\_\_

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Venue for the arbitration shall be held in the county where the dental services that are subject to arbitration were rendered. Any party to this agreement, who refuses to go forward with the arbitration, hereby acknowledges that the arbitrator will go forward with the arbitration hearing and render a binding decision without the participation of the party opposing arbitration or despite that party's absence at the arbitration hearing. The patient understands that the result of this arbitration agreement is that claims, including malpractice claim that he/she may have against the doctor, cannot be brought as a lawsuit in court before a judge or jury, and agrees that all such claims will be resolved as described in this section.

As with all surgery, there are common known risks and potential complications associated with dental treatment. No one can guarantee the success of the recommended treatment, or that you will not experience a complication or less than optimal result. Even though many of these complications are rare, they can and do occur occasionally.

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

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

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, understood, and accepted each paragraph stated above. 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. I agree to participate in the policy set forth above and consent to care under these provisions by my signature below.

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date