



## General Consent Form

Patient name: \_\_\_\_\_  
*Please read this form before you sign it.*

### Medical History Information:

Please understand that it is important that you divulge any information about your medical history to your dentist. It is important that you inform us of any medicines that you are taking each time that you come to an appointment as some medications can cause harmful reactions with dental anesthetics, analgesics, antibiotics or other medications. Please be sure to provide us with a list of any drug allergies you have.

### Restoration:

I understand that care must be exercised in chewing on fillings until directed by doctor or staff to avoid breakage or soft tissue damage. I understand that a more extensive filling than originally diagnosed may be required due to additional decay. I understand that sensitivity may occur after a newly placed filling.

### Changes in Treatment Plan:

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination, for example, root canal therapy following routine restorative procedures. I give my permission to the Dentist to make any/all changes and additions as necessary after consultation.

### Complications:

Complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics (pain killers), anesthetics, and injections include (but are not limited to) swelling, sensitivity, bleeding, pain, infection, numbness and tingling sensation in the lip, tongue, chin, gums, cheeks, and teeth (which is transient but on infrequent occasion, may be permanent), reaction to injections, changes in occlusion (biting), jaw muscle cramps and spasms, temporomandibular (jaw) difficulty, referred pain to ear, neck, and head, nausea, vomiting, allergic reactions, delayed healing and treatment failure. The risks of complications from medications used/prescribed with general dental treatment include, but are not limited to, drowsiness, lack of awareness and coordination, nausea, allergic reactions, etc. (which may be influenced by the use of alcohol, tranquilizers, sedatives or other drugs). [It is not advisable to operate any motor vehicle or hazardous device while experiencing side effects of the medications we may prescribe.] [Antibiotics are known to decrease the effectiveness of oral contraceptives, so it is advised that other contraceptive measures be taken during the administration of antibiotics.

### Dental X-Rays and Photos:

Modern dental x-ray equipment is extremely low-dose radiation. Diagnostic x-rays provide the dentists with valuable information about your teeth and supporting bone that cannot be evaluated otherwise. Our office takes the minimum x-rays to allow us to do a thorough exam for each patient. All patients 18 years and older will receive a full mouth series of intra-oral x-rays. Without these x-rays, we cannot do a complete exam of the entire mouth and jaw. We may also take photos of our patients as part of their permanent record. We will not release these photos to anyone without your permission.

### Specific Problem Examination:

In the event that a patient requests only a specific problem be addressed (i.e.: broken tooth, pain in one area, etc.) this is considered a problem focused evaluation. X-rays will be taken in this specific area only, and a complete comprehensive examination will not be done. The dentist cannot diagnose problems in other areas of the mouth. Please understand that this appointment will be for the treatment/diagnosis of an emergency/urgent



need. Any future treatment of other areas will require additional x-rays and a complete exam. You will not be considered a patient of record unless this examination is completed.

**Minors:**

We must receive Minors written consent prior to performing any non-emergency dental procedures on a minor. Grandparents, step-parents, friends, relatives, etc. are not legally allowed to consent to dental procedures, unless they have been given written consent by the parent or legal guardian. Please do not send your child to an appointment alone or with someone other than yourself, unless you have filled out any necessary consent forms prior to the appointment, otherwise we may have no choice but to reschedule your child's appointment to another day.

**Requests for records/x-rays:**

By law we are required to keep a patient's original x-rays and record in this office. Original x-rays or records will NOT be released. The patient or a designated person may request copies of their x-rays or record, however, there is a fee for duplication. We also require a minimum of 5 days notice to copy x-rays. There is no fee for us to send x-rays to a specialist that we refer you to.

**Periodontal Treatment:**

I understand that I have a serious condition causing gum inflammation and/or bone loss and that it can lead to the loss of my teeth. Alternative treatment plans have been explained to me, including non-surgical cleaning, gum surgery and/or extractions. I understand the success of a treatment depends in part on my efforts to brush and floss daily, receive regular cleaning as directed, follow a healthy diet, avoid tobacco products and follow other recommendations.

**Specialty Referral and/or Second Opinion:**

General dentists perform the majority of all dental treatment today. However, we want all patients to be aware that specialty fields exist in dentistry, particularly in the fields of oral surgery, orthodontics, periodontics, pediatric dentistry, and endodontics. In some cases we may have to refer certain procedures out to a specialist. We would be happy to offer you the names of specialists in order for you to have a second opinion and/or have actual treatment performed by a specialist.

I hereby authorize the dental staff of Healthy Smiles of La Crescenta to proceed with and perform the dental restorations and treatments as explained to me. I understand that this is only an estimate and subject to modification depending on unforeseen or un-diagnosable circumstances that may arise during the course of treatment. I understand that regardless of any dental insurance coverage I may have, I am responsible for payment of dental fees. I agree to pay any attorney's fees, collection fees, or court costs that may be incurred to satisfy this obligation.

I understand that dentistry is not an exact science and that, therefore, reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment that I have requested and authorized. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfactions. I consent to allow Healthy Smiles of La Crescenta to take x-rays and perform an examination on me today.

Patient/Guardian Signature: \_\_\_\_\_

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

Doctor Signature: \_\_\_\_\_

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



HEALTHY SMILES CALIFORNIA

DR. SEAN HAKIMI

Witness Signature: \_\_\_\_\_

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

Acknowledgement of Receipt of Notice Privacy Practice (HIPAA)

The Health Insurance Portability and Accountability of Act of 1996 (HIPAA) requires that health Care Providers give a copy of the Notice of Privacy Practices and makes a good faith effort to obtain an acknowledgement of the receipt of same.

You may refuse to this acknowledgment form. By signing this form I have received a copy of the Notice of Privacy Practice.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## Patient Acknowledgment of Dental Materials Fact Sheet

I, \_\_\_\_\_, Acknowledge I have received form  
( Name )

Healthy Smiles copy of the dental Materials Fact Sheet dated October 2001.

The following document is the Dental Board of California's Dental Material Fact Sheet. The Department of Consumer affairs has no position with respect to the language of this Dental Material Fact Sheet and its linkage to the DCA website does not constitute an endorsement of the content of this document.

### **The Department Board of California Dental Materials Fact Sheet**

#### **Adopted by the Board on October 17,2001**

As required by Chapter 801, Sutes of 1992, The Dental Board of California has prepared this fact sheet to summarize information on the most frequently used restorative dental materials. Information on this fact sheet is intended to encourage the discussion between the patient and dentist regarding the selection of dental materials best suited for the patients dental needs. It is not intended to be a complete guide to dental material science. The most frequently used materials in restorative dentistry are amalgam, composite resin, glass ionomer cement, resin - ionomer cement porcelain (ceramic), Porcelain (Fused to metal ), Gold alloys (Noble), and nickel or coper-chrome (base metal) alloys. Each material has its own advantages, benefits and risks. These and other restorative factors are compared in the attached.

Matrix titled "Comparison of Restorative Dental Materials" and the "Glossary of Terms" is also attached to assist the reader in understanding the terms used.

The statements made are supported by relevant credible dental research published mainly between 1993-2001. In some cases, where contemporary research is sparse, we have indicated our best perceptions based upon information that predated 1993.

The reciver should be aware that the outcome of dental treatment of durability of restoration was made

The durability of the restoration is flunced by the dentist's technique when placing the restoration, the ancillary, materials used in the procedure and the patients cooperation during the procedure. Following the restoration of the teeth,

1. I understand that there will be a charge of \$50.00 (If not advised by your insurance), for any missed (Broken) appointment, which is not cancelled 24 hours in advance.
2. I understand that sometimes it is not easy to match the color of natural teeth exactly with artificial teeth. I further understand that I may be wearing temporary crowns, which may come off easily and that I must be careful to ensure that they are kept on until the permanent crowns are delivered. I realize the final opportunity to make changes in my new crown; bridge or cap including shape, fit, size and color will be before cementation. It is also my responsibility to return for permanent cementation within 30 days from tooth preparation. If for any reason you fail to attend your appointment, regardless of the procedure, we will book your appointment on the next available date when you contact us, which may extend beyond 30 days, Excessive delays may allow for tooth movement. This may necessitate a remake of the crown, bridge or cap, I understand there will be additional chargers for remakes due to my delaying permanent cementation.
3. I understand that regardless of any dental insurance coverage I may have, I am responsible for any co-payments required by my dental insurance. I agree to pay any attorney's fees, collection fees, or court that may be incurred to satisfy this obligation.
4. If the doctor discusses diagnosis of your treatment and you refuse to abide by it, by law we cannot go against the doctor's diagnosis.
5. Original radiographs (X-Rays) or other portions of the record are not to be given to the patient, if the patient wishes to obtain his/her radiographs (X-Rays) or other portions of the record, the patient must request this on writing to Healthy Smiles Dental. Copies of the records will be released in accordance with the laws of Commonwealth of California for a nominal fee of \$35.
6. Only patients who are to undergo treatment may be allowed inside the operatory, unless the patient requires medical supervision or is a minor.



HEALTHY SMILES CALIFORNIA

DR. SEAN HAKIMI

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Patient Signature

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Date