



CONSENT FOR TREATMENT

- 1. I am the patient or parent/legal guardian of the patient and have authority to consent to medical and dental treatment.
- 2. I give my consent to Sawrie Family Dental to render dental and/or any emergency medical procedures deemed necessary or advisable.
- 3. I give my consent to the use of local anesthetics, nitrous oxide (laughing gas), and other medicines or materials as necessary.
- 4. The aspects of dental treatment will be explained to me before any work is done. The procedure, the benefits and disadvantages of treatment, alternatives, possible side effects and complications of treatment as well as the prognosis if no treatment is rendered will also be explained to me. I am free to ask questions at any time if I do not understand any of the treatment being rendered.
- 5. I understand that, although good results are always expected, the possibility and nature of complications cannot always be accurately anticipated. Therefore there is no guarantee expressed or implied either to the result of treatment, longevity of treatment, or as to the cure.

6. This consent will be enforced indefinitely until rescinded by the patient.

PATIENT SIGNATURE (OR PARENT/GUARDIAN IF MINOR)
PRINTED NAME
DATE