Form C

Dental Treatment Consent

Dr. Timothy Brooks DDS

I hereby authorize Dr. Timothy Brooks and his staff to perform the following dental treatment plan. If any unforeseen condition arises in the course of treatment calling for procedures in addition to or different from those now contemplated. I wish to be informed and involved in the decision for alternative treatment.

I am informed and fully understand that inherent in any type of dentistry includes the possibility of unavoidable complications. I am aware that the practice of dentistry is not exact science. I do not hold Dr. Timothy Brooks responsible for any common complications in dentistry. This may include teeth sensitivities, the need for endodontic treatment, TMJ problems, and gingival or mouth tissue sensitivities. I further realize in spite of the possible complications, my completed dental work is desired by me.

I realize that it is mandatory that I give an accurate and complete medical history, and follow all instructions directed by Dr. Timothy Brooks to ensure optimum results from my dental treatment.

The following dental procedures may be included in my treatment plan:

- Dental examination
- Dental x-rays
- Diagnostic photographs
- Prophylaxis
- Fluoride treatment
- Sealants
- Restorative treatment
- Cosmetic treatment
- Periodontal treatment
- Endodontic treatment
- Oral surgery
- Orthodontic

Any questions about my proposed dental treatment have been fully answered. I have read this statement and understand it completely.

Patient/ Guardian/ Parent _____ Signature _____

Date_____