

**PATIENT UNDERSTANDING AND  
INFORMED CONSENT**

**EMERGENCY DENTAL CARE:** Emergency dental treatment is intended to provide relief of severe pain and infection for individuals in acute need. You as a patient of record have access to a 24-hour dental emergency service. There is a charge associated with this service.

**CONSENT TO DENTAL PROCEDURES:** As a patient you will at all times have access to current and complete information about your condition and will, unless otherwise specified, receive continuity of treatment, be provided an estimate of the cost, and receive dental care according to a properly sequenced plan of treatment. Before receiving treatment you should ask the dentist or dental hygienist about the procedure(s) that he/she recommends you undergo, and ask any questions you may have before you decide whether or not to give your consent for the procedure(s) to be done. All dental procedures may involve risks of unsuccessful results and complications, and no guarantee is made as to result or cure. You have the right at all times to be informed of any such risks as well as the nature of the procedure, the expected benefit, the availability of alternative methods of treatment, and the risks of no treatment. You have the right to consent to or refuse any proposed procedure at any time prior to its performance.

**X RAYS:** Dental radiographs will be made as necessary and appropriate for examinations, diagnosis, consultation, and treatment.

**DENTAL MEDICAL RECORDS:** Radiographs (x-rays), photographs, videos, models and other diagnostic aids relating to your treatment are the property of Dr. Davis. You have the right to inspect such materials and to request a copy of your dental records and radiographs. There is at least a \$25.00 fee for copying these items. You may also request to have your dental radiographs sent to another health care provider by signing a Release of Information form.

**KEEPING YOUR APPOINTMENTS:** You are required to be on time for your appointments. If you find that you are unable to keep an appointment, you agree to notify our office at least 24 hours in advance. A total of two cancellations without 24-hour notice, two missed appointments, or repeated unsuccessful attempts to arrange an appointment may be cause to discontinue further treatment.

**DISCONTINUANCE OF TREATMENT:** We reserve the right to discontinue dental treatment whenever it is considered advisable and in the best interest of you.

**Your signature on this form certifies that you have read and understand the information provided on the form, that you have received a copy, and that you accept dental care and treatment under the described terms and conditions.**

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

If signed by other than the patient, indicate relationship: parent or legal guardian:

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