

## General Consent

We ask that you read and understand this form carefully before receiving any exams or treatment at Golden Heart Dental. Feel free to ask any questions you may have.

Before you give consent for any treatment or the administration of any medications, you should understand that, depending on the procedure, there are certain associated risks, including, but not limited to the following:

- **X-RAYS:** You agree to periodic radiographic and clinical examinations based on your caries risk. We utilize digital x-rays which will expose you to minimal levels of radiation. These x-rays will be taken only on an 'as needed' basis to reduce your total exposure to the radiation.
- **MEDICATIONS AND INJECTIONS:** Reactions to medications may result in redness, swelling, pain, itching, vomiting, and/or anaphylactic shock (a severe allergic reaction). Risks of local anesthesia may include bruising, and temporary or permanent tingling sensations or numbing. You will be informed beforehand if a medication that may cause drowsiness will be prescribed or administered for a procedure, and it is your responsibility to arrange for safe transport to and from the dental office. Females taking contraceptives understand that some antibiotics and medications may reduce the effect of birth control pills, which may result in unexpected pregnancy. With your permission, certain medicaments, such as topical fluoride, chlorhexidine, betadine, or oral medications such as ibuprofen or antibiotics may be administered during your visit. Any allergies, contraindications, or preference against the use of these and other such medicaments should be explicitly communicated to the doctor and/or office staff.
- **CLEANINGS ("prophy" or "scaling and root planing"):** Sensitivity of teeth and gums during or following a cleaning can occur. Please let us know if you have sensitive teeth so that we can attempt to make the appointment more comfortable. If you have been diagnosed with periodontal disease ("gum disease"), having a 'regular cleaning' performed will not be an option since it will not help treat the disease and can lead to further bone and even tooth loss.
- **PICTURES:** With your signature below, you authorize Golden Heart Dental to take radiographic images and live photos of your teeth, jaws, and face to be stored and used in your personal records. These photos and xrays may be used for communication with other healthcare professionals and third-party laboratories and vendors, all with your identifying information attached. Occasionally, we may use such photos, for educational publications, lectures, or informational and marketing purposes. We will make a concerted effort to hide any identifying information, such as your name, entire face, etc. By signing below, you consent to and release these photos for our use as indicated above and do not expect compensation, financial or otherwise
- **COMMUNICATION (EMAILS, TEXTS, etc):** You allow us to communicate with you or other medical professionals via unencrypted email, text, or other digital methods, the details of your treatment with your personal identifying information, including but not limited to, your medical history, dental history, pictures, planned treatment, completed treatment, etc. In these modern times, you understand and accept the possibility of a breach of information while communicating through such methods. You understand that while we make our best efforts to keep your information private and secure during these communications, we have no way to guarantee any mishandling of this information during transit or at their intended destination, which may lead to a breach of your private information.