



General Consent for Dental Cleaning

I understand I am in the office today for my continuing care appointment. My treatment may include the following procedures:

Cleaning, X-rays, Fluoride treatment, Oral Cancer Screening and Exam.

I understand that all dental procedures have associated risks. These may be but are not limited to:

Drug reactions and side effects

Damage to adjacent teeth or fillings

Swelling, sensitivity, or pain

I understand the recommended treatment for my conditions, the risks of such treatment, any alternatives and risks, as well as the consequences of doing nothing. I also understand that my insurance may not pay for all procedures. Any fee(s) involved have been explained. All of my questions have been answered, and I have not been offered any guarantees.

Patient's Signature _____

Date _____

