Friendly Smiles Dental Care 9000 Fern Park Drive Unit A2, Burke, VA 22015 (703) 463-9817

Patient Name:_____

CONSENT FOR X-RAYS

In providing the best possible dental care for you, we may need to use x-rays to help us with proper diagnosis. We may need combinations of panoramic, bitewing, periapical, or occlusal x-rays to maximize our ability to diagnose conditions underneath structures in the mouth. With use of lead shield, dental x-rays provide minimal radiation exposure and provide valuable information necessary for your health. Our equipments are maintained and inspected annually for optimum performance and safety. Use of x-rays will help to identify following conditions: periodontitis, abscess, cyst, abnormal anatomy, impacted teeth, extra teeth, resorption of bone, resorption of teeth, fractured teeth, fractured bone, TMJ joint disorder, missing teeth, abnormal growth that can be benign or malignant.

The benefit we receive from x-rays far out weighs the minimal risk associated with it.

However you have the option to refuse x-ray and allow us to perform limited examination visually.

___Yes I agree and accept x-ray for proper diagnosis :

___No. I voluntarily refuse to get x-rays. I understand that this is against medical advice and will significantly hinder the doctor from properly diagnosing conditions I may have. I will not hold doctor or the practice liable for any failure to diagnose or improper treatment choices that directly results due to lack of x-ray information.

Signature: _____Date:_____

Local Anesthesia Consent

I understand that local anesthesia may be used during the dental treatment. This consent form is designed to make you aware of the following risks involved with local anesthesia. These include but are not limited to:

-It may affect your body such as dizziness, nausea, vomiting, increase or decrease in heart rate, or allergic reactions, which may require medical management or hospitalizations.

-Restriction in mouth opening called trismus, at the site of injection requiring physical therapy.

-Prolonged numbness sometimes causing injury from biting or chewing on areas such as lip, cheek, or tongue.

-Injury to nerves can result in pain, numbness, tingling, or other sensory disturbances to the chin, lip, cheek, gums, or tongue. This may persist for weeks, months, years, or very rarely permanent.

-In very rare instances, small needle may break off and be lodged requiring surgical removal and/or hospitalization.

Signature: _____Date: _____

Treatment Consent

I authorize the Dentist or esignated staff treating me to perform such diagnostic aids deemed appropriate to make a proper and thorough diagnosis of my dental needs. Upon such diagnosis I authorize the dentist to perform all recommended treatments, procedures, and medication administrations as prescribed by the dentist and agreed upon by me, or my legal guardian. I assign all dental insurance benefits to which I am entitled to the extent permitted under my insurance poly to the dentist, and authorize Friendly Smiles Dental Care to submit claim forms and receive payments directly with the notation “signature on file.” I authorize release of my treatment records, x-rays, and others deemed pertinent to my insurance as requested. I agree to be responsible for payment of all services rendered on my behalf to my dependants. I agree that I am responsible for any unpaid claims.

Signature: _____Date:_____