

## CONSENT TO DENTAL TREATMENT

Dentist: Kathryn Horutz, DMD

I request and authorize above listed provider of service, and/or such other persons as he/she may appoint, to perform or assist in the performance of the dental treatment or procedures indicated below, which consists of but is not limited to: treatment name. I understand that the purpose of this procedure is treatment purpose.

I understand that there have been no guarantees given or implied of any sort by anyone as to the results that may be obtained.

1. I understand that the above described treatment or procedure involves the following risks: risks, if any.
2. As an alternative to this therapy, I may elect to alt treatment.
3. I also understand that failure to treat this condition will result in non-treated outcome.
5. Further, it is understood that unforeseen conditions or circumstances may arise during the course of the above described procedure or alternate treatment. Therefore, I consent to and authorize the performance of any care, procedure, or treatment not specified above that the dentist believes necessary or advisable as a result of these unforeseen events or conditions.
6. I consent to the administration of any anesthetic that the dentist (or his appointees) deems necessary to provide proper treatment.
7. I understand that there are risks involved with the administration of anesthesia. The alternative to the use of these anesthetics is alt to anesthesia.
8. I have been given an opportunity to refuse to consent to any and all treatment or procedures specified in this form and have indicated my exclusions by drawing a line through the objectionable word(s), sentence(s), or paragraph(s), and writing my initials next to the portion to which I refuse to consent. I am also free to indicate at the end of this form anything not mentioned herein, but to which I refuse to consent.

**I certify that I have read and understand the above. I accept all risk of, if any, in hope of obtaining the desired beneficial results. I acknowledge that the dentist has explained all of the above to me in a manner to allow me to comprehend the consequences of my actions. Any questions about this treatment plan and its attendant risks have been answered fully and to my complete satisfaction.**

\_\_\_\_\_  
Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date