



Consent Form for General Dental Procedures

You the patient have the right to accept or reject dental treatment recommended by Dr. Oswell. Prior to consenting to treatment, you should carefully consider the anticipated benefits and commonly known risks of the recommended procedure, alternative treatments, or the option of no treatment.

Do not consent to treatment unless and until you discuss potential benefits, risks and complications with Dr. Oswell and all of your questions are answered. By consenting to treatment, you are acknowledging your willingness to accept known risks and complications, no matter how slight the probability of occurrence.

It is very important that you provide Dr. Oswell with accurate information before, during and after treatment. It is equally important that you follow Dr. Oswell advice and recommendations regarding medication, pre and post treatment instructions, referrals to other dentists or specialists, and return for scheduled appointments. If you fail to follow the advice of Dr. Oswell, you may increase the chances of a poor outcome.

Certain heart conditions may create a risk of serious or fatal complications. If you (or a minor patient) have a heart condition or heart murmur, advise Dr. Oswell immediately so he can consult with your physician if necessary.

The patient is an important part of the treatment team. In addition to complying with the instructions given to you by Rathdrum Dental, it is important to report any problems/complications you experience so they can be addressed by Dr. Oswell.

If you are on oral birth control medications, you must consider the fact that antibiotics might make oral birth control less effective. Consult with your physician before relying on oral birth control medication if you are taking antibiotics.

I understand that I am entering into a contractual relationship with Dr. Oswell for professional care. I understand that meritless and frivolous claims for dental malpractice have an adverse effect upon the cost and availability of dental care, and may result in irreparable harm to a dental provider. As additional consideration for professional care provided to me by Dr. Oswell, I agree not advance, directly or indirectly, any false, meritless, and/or frivolous claim(s) of medical/dental malpractice against Dr. Oswell.

Furthermore, should a dental malpractice case or cause of action be initiated or pursued, I agree to use expert witness' who practice primarily in the same specialty as Dr. Oswell. I agree that these expert witnesses will be members in good standing of and adhere to the guidelines and / or code of conduct defined for expert witnesses by the Idaho State Dental Association. In further consideration for this, Dr. Oswell agrees to the same stipulations.

I acknowledge that monetary damages may not provide an adequate remedy for breach of this Agreement. Such breach may result in irreparable harm to Doctor's reputation and business. Both Dr. Oswell and I agree in the event of a breach to allow specific performance and / or injunctive relief.

As with all healthcare treatment, there are commonly known risks and potential complications associated with dental treatment. No one can guarantee the success of the recommended treatment, or that you will not experience a complication or less than optimal result. Even though many of these complications are rare, they can do occur occasionally.

Some of the more commonly known risks and complications of treatment include, but are not limited to the following:

1. Pain, swelling and discomfort after treatment
2. Infection in need of medications, follow-up procedures or other treatment
3. Temporary, or on rare occasion, permanent numbness, pain, tingling or altered sensation of the lip, face, chin, gums and tongue along with possible loss of taste
4. Damage to adjacent teeth, restorations or gums
5. Possible deterioration of your condition which may result in tooth loss
6. The need for replacement of restorations, implants or other appliances in the future
7. An altered bite in need of adjustment
8. Possible injury to the jaw joint and related structures requiring follow-up care and treatment, or consultation by the dental specialist
9. A root tip, bone fragment or a piece of a dental instrument may be left in your body, and may have to be removed at a later time if symptoms develop
10. Jaw fracture
11. If upper teeth are treated, there is a chance of a sinus infection or opening between the mouth and sinus cavity resulting in infection or the need for future treatment
12. Allergic reaction to anesthetic or medication
13. Need for follow-up treatment, including surgery

This form is intending to provide you with an overview of potential risks and complications. Do not sign this form or agree to treatment until you have read, understood, and accepted each paragraph stated above. Please discuss the potential benefits, risks, and complications of recommended treatment with Dr. Oswell. Be certain all your concerns have been addressed to your satisfaction by Dr. Oswell before commencing treatment.