Matthews
Dental
Jeremy B. Matthews, D.M.D
Austin K. Woodfield, D.M.D

(801) 766-4944
1305 North Commerce Drive Suite 220
Saratoga Springs, UT 84045

INFORMED CONSENT FOR TREATMENT

I authorize Matthews Dental and their Doctors, associates, hygienists or assistants as they may designate, to perform those procedures as may be deemed necessary or advisable to maintain my dental health or the dental health of any minor or other individual for which I have responsibility, including arrangement and/or administration of any sedative(including nitrous oxide), analgesic, therapeutic, and/or other pharmaceutical agent(s), including those to related to restorative, palliative, therapeutic or surgical treatments.

I understand that the administration of local anesthetic may cause an outward reaction or side effect, which may include but not limited to bruising, hematoma, cardiac stimulation, temporary or rarely, permanent numbness, and muscle soreness. I understand that occasionally needles break and may need surgical retrieval.

I understand that as part of a dental treatment, including preventative procedures, and basic dentistry, teeth may remain sensitive or possibly painful during and/or after treatment.

I do voluntarily assume any and all possible risks, including the risk of substantial and serious harm, if any, which may be associated with general preventative and operative treatment procedures in hopes of obtaining the potential desired results, which may or may not be achieved, for my benefit or for the benefit of minor child or ward.

I acknowledge that the nature and purpose of the foregoing procedures have been explained to me if necessary and have been given the opportunity to ask questions.

I hereby abide by the conditions outlined herein.

Patient/Guardian Signature

Date