



Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

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PATIENT CONSENT

I understand that complications may result from dental treatment drugs or anesthetics. These complications include but are not limited to post surgical infection, bleeding, swelling and pain, facial discoloration, transient but on occasion permanent numbness of the jaw, lip, tongue, teeth, chin or gum, jaw joint injuries or associated muscle spasm, soft tissue trauma to the lip cheek, tongue, floor of mouth, or roof of the mouth injury to adjacent teeth, opening of the sinus (a normal cavity situated above the upper teeth) requiring additional surgery, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech , allergic reactions, and accidental swallowing or inhaling of teeth or foreign matter. The exact duration of any complications cannot be determined, and they may be irreversible.

I certify that I have had the opportunity to read and fully understand the terms and words within the above consent, and have the opportunity to discuss my care and options with my doctor including option of a referral to a specialist. I choose to proceed with treatment.

Date

(Signature of patient, parent/guardian)

Date

(Signature of witness)

Date

(Signature of doctor)

East Central Health District

Ketty M. Gonzalez, MD, MS, District Health Director

