

General Consent for Therapeutic Procedures and Anesthesia Greenpoint Pediatric Dentistry

Consent to Diagnostic and Therapeutic Procedures

I, the above named or legal guardian of, authorize the undersigned associate of **Greenpoint Pediatric Dentistry** and any assistants or associates deemed appropriate to perform the listed procedure(s). The general procedural risks have been explained to me, including infection, bleeding, and injury of surrounding structures. Other specific risks shall also be listed below:

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The practice of medicine and dentistry is not an exact science and that no guarantee can be made about the outcome. My doctor may need to do other procedures during this procedure should an unexpected condition be discovered. I consent to these added procedures should they be deemed necessary.

Use of Sedation and Anesthesia

I have discussed and understand the anticipated need for the below indicated anesthesia services to facilitate or complete the procedure.

- Local anesthesia without sedation.
- Monitored anesthesia care/ Sedation
- General anesthesia

____ (Initial) I understand sedation and general anesthesia cannot be given during a procedure without prior anesthetic evaluation. I understand that sedation and general anesthesia services are provided by appropriately licensed and credentialed associates or affiliates **Greenpoint Pediatric Dentistry** and a qualified provider will review the risks, benefits, and alternatives of anesthesia with me before it can be administered for any procedure.

Use of Tissue, Bone, and Teeth

I allow but can refuse the preservation and use of any tissue removed. These may be disposed of by standard medical practice. I give up any claim I may have to this tissue once removed.

Medical Research, Study, and Education

I consent to take part in medical research, study, or education related to my care. So long as my identity remains secret, I consent to having pictures taken and to the first copying or publication of these pictures. I agree to allow but can disallow observers, technical representatives, and participants in the operating room.

Signatures and Attestation

My signature indicates that I have read and understand this consent form, I have received all the information I asked for about the procedure(s), risks, and other options, and I agree to everything explained above.

- English is not my first language. An interpreter/ translation services was offered and provided to me.*

Patient (or Guardian) Signature: **Date:**

Clinician Signature: **Date:**

Witness Signature: **Date:**

Interpreter Signature: **Date:**