

## General Consent

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Treatment: \_\_\_\_\_

Revised Treatment: \_\_\_\_\_

We are conservative in our treatment, but due to the unpredictability of some teeth, we wish to inform you that treatment is diagnosed to the best of our ability. There are, however, some teeth or circumstances that may require more extensive treatment than anticipated. Changes may occur in a tooth without warning. Some of these changes can be remedied with a simple bite adjustment; others may require a different type of restoration.

We will always inform you of any changes in the treatment scheduled and any additional fees associated with those changes prior to proceeding with the revised treatment plan.

I understand that unforeseen circumstances may arise to change my original treatment plan, and I accept responsibility for all necessary fees relating to additional needed treatment.

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dentist's Signature: \_\_\_\_\_

Date: \_\_\_\_\_