David L. Eichler, D.M.D., P.C.

3375 Badger Road, Suite 1; North Pole, AK 99705

General Consent for Treatment

My signature below confirms that I understand that no dental treatment is completely risk free, and that David L. Eichler, D.M.D. will take reasonable steps to limit any complications of my treatment and to provide competent dentistry with comfort and care. I understand that some after-treatment effects and complications tend to occur with regularity. For routine fillings, dental cleanings, prescription of medications, I understand this includes but is not limited to: temporary soreness, temperature sensitivity, unusual reactions/allergy to treatments and procedures. I will be given a local anesthetic injection and that in rare instances patients have had an allergic reaction to the anesthetic, an adverse medication reaction to the anesthetic, or temporary or permanent injury to nerves and/or blood vessels from the injection. I understand that the injection area(s) may be uncomfortable following treatment and that my jaw may be stiff and sore from holding my mouth open during treatment. I understand that I will receive written discussion and consent for treatments such as root canal therapy, extractions and oral surgery. I understand that all treatments and procedures have a risk of separation of dental instrument which may become lodged in a gum or other soft tissue or aspirated. Should I experience any of these or other conditions during or following treatment, I will contact your office as soon as possible.

_____ _____

Patient/Guardian Signature Date