



SHINY DENTAL

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6377 Little River Turnpike
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**Informed Consent
General Consent for treatment**

All dental and anesthetic procedures have associated risks. These may be, but are not limited to:

- Drug reaction and side affects.
- Damage to adjacent teeth or fillings.
- Post-Operative infection.
- Post-Operative bleeding that might require additional treatment.
- Delayed healing of an extraction site, (dry socket) necessitating additional care.
- Sinus involvement during removing of upper molars which may require additional or surgical repair at a later date.
- Involvement of nerves during removal of teeth resulting in temporary or possibly permanent numbness or tingling of the lip, chin, tongue, or other areas.
- Bruising, swelling, sensitivity, pain, or swallowing any objects.
- Failure of the dental procedure necessitating additional treatment.
- Breaking of dental instruments inside tooth canal making additional treatment necessary.
- Complications during treatment necessitating referral to a specialist.

I understand the recommended treatment for my conditions, the risks of such treatment, any alternatives and risks, as well as the consequences of doing nothing. Any fee(s) involved have also been explained. All of my questions have been answered, and I have not been offered any guarantees.

Print name

Signature

Date