



CERVANTES & PRADO DENTAL CARE, INC

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X-RAYS
BENEFITS

- More complete diagnose
- Can find hidden problems
- Can make a determination of treatment
- X-Rays are taking by qualified personnel

POSSIBLE COMPLICATIONS

- Exposure to x-ray radiation (minimal)
- X-ray pictures remain the proper of this office

CONSEQUENCES OF NOT HAVING WORK DONE OR POSTPONING

- Cannot perform dental services

ALTERNATIVES

None

Initials

Date

CLEANING-SCALING

BENEFITS

- Look nicer
- Clean mouth
- Eliminate odors
- Prevent odors
- Prevents gum disease
- Some portions may be performed by auxiliary personnel

POSSIBLE COMPLICATIONS

- Sensitive teeth
- Feeling of space between teeth
- Filling may be loose (normal filling was ready to fall out)
- Sensitive gums

CONSEQUENCES OF NOT HAVING WORK DONE OR POSTPONING

- Stains on teeth
- Odors
- Gum disease
- Will lose teeth sooner

ALTERNATIVES

None

Initials

Date

LOCAL ANESTHETICS

BENEFITS

- Avoid pain during treatment and procedures

POSSIBLE COMPLICATIONS

- Prolonged numbness may extend beyond normal
- Nerve damage
- Bruising (hematoma)
- In rare instances possible consequences may include all those applicable
- General anesthesia, including allergic reaction up to and including death

CONSEQUENCES OF NOT HAVING WORK DONE OR POSTPONING

- Mild to severe pain during and after treatment

ALTERNATIVES

Willing to accept pain during treatment

Initials

Date

I have read the above statement and received a copy of them if requested, and recognize their importance in helping me make decisions. My initials indicate that I have read and understand this consent document. I recognize that failures can occur for all kind of reasons and complications can occur in any procedure. I also understand that where decay has occurred or a tooth has fracture or abscessed that these same forces are still working on the tooth even after it has been restore: therefore, decay or fracture can still occur as the restored tooth is not better that what nature has given in the first place. If for any reason a conflict or disagreement should arise I will first present such conflict or disagreement to my attending dentist in order to resolve the problem. If we are unable to agree on a solution, then I agree to take the problem to a reconciliation/mediation board such as thee dental society and agree to accept their resolution in lieu of pursuing remedies by way of litigation. I also understand that this agreement is binding on my heirs and all other family members. I now give my consent to the attending dentist to render to me the dental treatment that we have agreed is necessary (or myself) I also agree to reimburse the attending dentist for all services rendered to me, and I am aware that the payment for these services is due at the time they are rendered.

Name of Patient: _____ Signature: _____ Date: _____