



**CONSENT TO DENTAL PROCEDURES, ADMINISTRATION OF ANESTHETICS,
SEDATIVES AND THE RENDERING OF OTHER SERVICES.**

Patient: _____ Age: _____ Date: _____

1. I hereby authorize Dr. Hayden or Dental Hygienist and/or such assistants as may be selected, to perform Routine Dental Care upon the above named and/or any other therapeutic procedure that his/her/their judgment may dictate to be advisable for the patient's well-being.
2. The nature and purpose of the procedure and anesthetic, the risks involved, and the possibility of complications have been explained to me, such as temporary or permanent numbness. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained. The advantages and inherent risks of anesthesia and sedation have been explained to me and I authorize the administration of such anesthesia and sedation as may be considered necessary or desirable.
3. I authorize that any specimens, tissue or parts removed from the patient may be disposed of in accordance with established practice.
4. I further authorize the performance by any qualified person of any other services which are deemed to be necessary or advisable.
5. If in Dr. Hayden's opinion, further observation of the above named is indicated after an anesthetic or procedure, the above named agrees to be transported by ambulance at his/her personal expense to a mutually satisfactory hospital in the local area, and to be admitted for observation and any necessary treatment.
5. If in Dr. Hayden/Associate Dentist's opinion, the above named requires the services of a specialist, he/she agrees to accept the referral and will be responsible for any expense that may be incurred.
6. I certify that I have read this Consent, or that it has been read to me, and that I understand the above. The nature and purpose of such operation(s), procedure(s), treatment(s), and/or services and the reasons why the same is (are) considered necessary or advisable has been explained to me.

Signature of Patient (or Parent if Minor): _____ Date: _____