

Dental Treatment Consent

I understand that during the course of the planned operations and/or procedures unanticipated conditions may arise and necessitate procedures in addition to or different from those planned. I authorize the dental team to perform upon me additional and/or different procedures that they may consider necessary.

I consent to the administration of anesthesia, antibiotics and other medications that may be deemed necessary for my treatment. I understand that such medications can cause adverse reactions that include pain, swelling of tissues, dizziness, cardiac arrest, and vomiting.

I understand that any surgical procedure can entail certain complications. I recognize that common to oral surgery is the potentials for pain, swelling, bruising, bleeding and allergic reactions. I also realize that other complications can include damage to adjacent teeth or dental restorations, opening of the sinus, infection, jaw fracture, nerve injury, and small root fragments remaining in the jaw that may require additional operations to extract.

I have provided information concerning my physical and mental health as accurately and completely as possible. I agree to cooperate fully with the dental team while I am under their care. I acknowledge that no guarantee have been made to me concerning the results of the operation or procedure. I confirm that I have read and fully understood the content of this form prior to my signing.

牙科治療同意書

我明白在計劃的手術和/或醫療過程可能會出現不可預料的情況而需要一些額外的或與計劃不相同的醫療過程。我授權牙科小組對我進行一些他們認為必要但為額外的和/或不同的醫療過程。

我同意使用麻醉、抗生素和其他一些醫療小組認為必要的藥物。我明白這些藥物會導致一些不良的反應，包括疼痛、皮膚腫脹、頭暈目眩、心搏停止和嘔吐。

我明白任何一種手術過程都會招致某些併發症。我知道常見口腔手術的可能併發症有疼痛、腫脹、瘀傷、流血以及過敏反應。我也知道其他的併發症包括對相鄰牙齒或修補牙齒的傷害、齒凹的傷害、感染、顎骨折、神經受損以及殘留在顎裏的細小齒根碎片（這可能需要額外的手術去拔出）。

我已經就我的身體和精神健康狀況提供了盡可能準確和完整的資料。我同意在接受牙科小組治療時會充分地給予配合。我知道牙醫沒有就手術或醫療過程的結果提供保證。我確認在簽名前我已經閱讀并充分理解了這份同意書的內容。