

## Dental Informed Consent for General Treatment

I consent to be a patient at Lummi Tribal Health Center and agree to a radiographic and clinical examination. I also understand and consent to the following:

1. I understand that in the course of treatment I may have the following work done: x-rays, fillings, preventive cleanings, gum treatment, extractions, root canals, dentures, partials, crowns, bridges, occlusal splints, sealants, Silver Diamine Fluoride.
2. I understand that at times, it might be necessary to use local anesthesia, local anesthesia with oral medication, nitrous oxide anesthesia, and topical anesthesia.
3. I will provide a thorough and complete medical history, including any drugs and their dosages, supplements, and allergies, and consent to the dentist communicating with my other medical providers about any aspect of my health history.
4. I understand that no guarantees can be made about treatment outcomes, restoration longevity, or prognosis.
5. I understand that my treatment plan may change at any time and I will do my best to remain open to change.
6. I am welcome to ask questions about any aspects of my dental care and will request information if I am confused or need more information. I am responsible for clarifying any aspects of my treatment that I am unsure about.
7. I understand photographs may be taken of my teeth, jaw, and face for dental records.
8. I understand if patient documentation is missing, I will remain or will be changed to Direct Care Only; the referral will be denied for PRC funds until required documentation is submitted. A referral may be issued, but any costs incurred at a dental provider's office is my responsibility.
9. I understand if my child attends Lummi Nation School, Head Start/Early Head Start, or Lummi Day Care, etc that they may receive dental care/treatment by a licensed provider employed at Lummi Dental Clinic. These services may include, but not limited to exams and preventative services (dental cleanings and fluoride varnish).

I have authorized within my patient chart that any of the doctors or dental auxiliaries may proceed with and perform the dental restorations and procedures as explained to me.