

Frances Mayer Engler, DDS

Thank you for choosing our office for your dental care. We will work with you to help achieve excellent oral care. In order to provide optimal oral health we encourage an initial exam, x-rays, and full periodontal evaluation. Also, to increase longevity of dental work, we expect regular cleanings and exams according to our recommendations.

While recognizing the benefits of a pleasing smile and teeth that function well, you should be aware that dental treatment, like treatment of any other part of the body, has some inherent risks, including:

1. Drug or Chemical Reaction: Dental materials, medications, and/or anesthetics may trigger allergic or sensitivity reactions
 - Long-Term numbness (paresthesia). Local anesthetic, or its administration, while almost always adequate to allow comfortable care, can result in transient, or in rare instances, permanent numbness.
 - Muscle or joint tenderness. Holding one's mouth open can result in muscle or jaw joint tenderness; in a predisposed patient precipitate a TMJ dysfunction.
 - Sensitivity in teeth or gums, infection, or bleeding.
 - Swallowing or inhaling small objects.
2. Changes in the treatment plan. I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not apparent during initial examination. These changes or the addition of procedures may result in increased charges.

Please be aware that we need 48-hour cancellation notice. We understand life's emergencies, yet ask you to respect the time we have reserved specifically for you. An unexcused cancellation of less than 48-hour notice will be considered a failed appointment and you may be charged \$100. If you fail to show up for two appointments, we reserve the right to dismiss you from the practice.

If payments are not paid as agreed and your account is placed for collection, you agree to pay all reasonable costs of collection, including but not limited to reasonable attorney's fees, court costs and interest at 18% per annum from the date of services.

I hereby authorize any of the doctors or dental auxiliaries to proceed with and perform the dental restoration and treatments explained to me. I understand that I am responsible for the full dental fee if my insurance company chooses not to contribute to the cost of my care.

Signature of Parent/Legal Guardian

Date

Signature of Dentist

Date