

Creekside Dental Informed Consent Acknowledgement

I have read and understand the information on the consent form.

I understand the risks and complications listed are not all inclusive, and I have had all my questions answered to my full understanding and satisfaction.

Treatment	Tooth/Teeth
<input type="checkbox"/> X-rays	
<input type="checkbox"/> Cleaning/Periodontal Treatment	
<input type="checkbox"/> Anesthetic	
<input type="checkbox"/> Fillings	
<input type="checkbox"/> Root Canal Treatment and Pulpotomy	
<input type="checkbox"/> Crown and Bridge	
<input type="checkbox"/> Extraction	
<input type="checkbox"/> Implant	
<input type="checkbox"/> Orthodontic	
<input type="checkbox"/> Orthodontic	

Signature \_\_\_\_\_ Date: \_\_\_\_\_