

FRED B. KASTENBAUM, D.M.D., LLC
580 PARK AVENUE
NEW YORK, N.Y. 10065

INFORMED CONSENT

I consent to the dental therapy indicated by Fred B. Kastenbaum, D.M.D. This consent may include other procedures that become necessary as a corollary to the planned treatment performed by Dr. Kastenbaum.

I understand that it is my responsibility to accurately report my medical history and update changes in my medical condition and general health, as they occur, as these changes may impact upon my dental treatment.

I agree to the use of local anesthesia and/or analgesia depending upon the judgement of Dr. Kastenbaum. I understand that anesthesia carries risks. Complications of anesthesia might include, but are not limited to swelling, discomfort, infection, difficulty in opening the mouth, muscle soreness, bleeding, short periods of excitability, allergic reactions, and numbness or tingling of the face, lip, gum, or tongue. Such complications are rarely protracted and rarely permanent.

I understand that medications for discomfort and sedation may cause drowsiness. This drowsiness can be increased by the use of alcohol and other drugs. Therefore, I agree to be cautious of any vehicle or hazardous devices while taking such medications. I further understand that certain medications may cause side effects. If any of these reactions occur, I am to call Dr. Kastenbaum immediately.

Occasionally, there may be the need for root canal therapy following tooth preparation. A tooth may fracture and possibly be lost during or following root canal therapy.

Endosseous implants may be utilized. They have a high degree of clinical success. However, it is an artificial foreign body replacing a natural body part and therefore subject to infection, rejection, breakage, and compromised function. If any implant is not successful, it may require the removal of the implant and the remaking of the prosthesis.

Proper and effective plaque removal, involving both homecare and professional recall care, are essential for the long term success of the treatment. I understand that Dr. Kastenbaum will assist in these procedures, but it is my responsibility to perform correct homecare techniques and to respond to regular recall requests at the frequency prescribed.

I understand that conditions may arise during the course of treatment which were not initially recognizable. If such procedures become necessary, I authorize their performance. In addition, I understand that there will be an additional fee for these procedures. In the event that I am responsible for delays in the progress of treatment, and these delays result in Dr. Kastenbaum incurring additional costs, more than initially expected, I agree to pay any additional costs.

The nature and purpose of my dental therapy, as well as alternative treatment choices, have been thoroughly explained to my satisfaction, as have the risks and the possibility of complications. I understand that dentistry is not an exact science, and that the prescribed course of treatment cannot be guaranteed.

ALL SIGNATURES MUST BE BY PARENT OR GUARDIAN IF PATIENT IS UNDER 18 YEARS OLD

Date

Signature