



Consent For Fixed Bridge / Prothesis / Crowns / Veneers / Test

I HEREBY GIVE PERMISSIONS TO _____ Dr Soe Nyunt San _____ B.D.S TO PERFORM

THE FOLLOWING PROCEDURES AND SUCH ADDITIONAL PROCEDURES AS PER CONSIDERED NECESSARY ON THE BASIS OF FINDING DURING THE PROCEDURE:

AND/OR :

I CONSENT FOR THIS TO BE DONE WITH LOCAL ANESTHESIA / INTRAVENOUS SEDATION AND OR RELATIVE ANELGESIA (nitro oxide gas) AND OTHER MEDICATIONS LISTED BELOW:

A. _____ E _____ B. _____ c _____
C. _____ o _____ D. _____ c _____

THE FOLLOWING ALTERNATIVE OPTIONS HAVE BEEN EXPLAINED TO ME:

are

THESE ALTERNATIVE METHODS OF TREATMENT ARE PRACTICAL AND POSSIBLE. BUT I HAVE CHOSEN THE TREATMENT MENTIONED ABOVE. I ALSO CERTIFY THE REASON WHY THE ABOVE NAME PROCEDURES CARRY CERTAIN COMMON INHERENT RISKS SUCH AS, BUT NOT LIMITED TO:

- A. POST-OPERATIVE PAIN AND SENSITIVITY
- B. TEMPOROMANDIBULAR JOINT PAIN AND TENDERNESS
- C. THE PLACEMENT OF ANY CROWN / BRIDGE / VENEER DOES NOT PREVENT ANY FURTHER DECAY OR FURTHER TREATMENT AT A LATER STAGE.
- D. THERE ARE RISKS INVOLVED IN ADMINISTRATION OF ANESTHETICS, ANALGESICS (PAIN MEDICATIONS) AND ANTIBIOTICS. THE ADMINISTRATION OF THESE DRUGS CAN BRING OUT AN ALLERGIC REACTION OR TRIGGER THE ONSET OF A PREVIOUSLY UNDIAGNOSED UNDERLYING SYSTEM CONDITION. IN THIS INSTANCE, REFERRAL AND FURTHER TREATMENT MAY BE REQUIRED BY A SEPARATE MEDICAL / DENTAL SPECIALIST OR EVEN HOSPITALIZATION.

I AM AWARE THE PRACTICE OF DENTISTRY IS A BIOLOGICAL PROCEDURE AND THEREFORE NOT EXACT SCIENCE. I ACKNOWLEDGE THAT NO GUARANTEES CAN BE GIVEN TO ME AS TO THE RESULT OF THE PROCEDURES AUTHORIZED ABOVE.

31.05.2018

Mujtaba ahmad

DATE

NAME

SIGNATURE