

DENTAL ILLUSIONS

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Consent for Surgical Procedures

You have a right to be informed about your condition and the recommended surgical, dental, diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to alarm you it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I voluntarily request Dr. George Saliba/Dr. Basil Moukarim as my dentist, associates, and other health care providers to treat my condition that has been explained to me as _____

_____. I understand that the following surgical, dental, and/or diagnostic procedures are planned for me and I voluntarily consent and authorize these procedures.

I understand that my dentist may discover different conditions that require additional or different procedures than those planned. I authorize my dentist, associates and other healthcare providers to perform such procedures in their professional judgment.

I understand that no warranty or guarantee has been made to me as to result or cure.

Just as there are risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of surgical, dental and diagnostic procedures planned for me. I realize that there is potential for infection, blood clots, hemorrhage and allergic reactions. There may also be damage to adjacent teeth, crown and bridgework and prolonged pain when common surgical procedures are performed on me.

I understand that anesthesia involves additional risks and hazards, but I request the use of anesthesia for the relief and protection from pain during the planned and additional procedures to be used. I realize anesthesia may possibly have to change without explanation to me and that the anesthesia may cause temporary or permanent parathesia (numbness).

I have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of non-treatment, the procedures to be used and the risks and hazards involved and I believe that I have sufficient information to give the informed consent.

I certify this form has been fully explained to me, that I have read it or have had it read to me, that the spaces have been filled in and that I understand it's consents.

Signature _____ Date _____