



# Summit Family Dental

**& Orthodontics**

## PATIENT TREATMENT CONSENT FORM

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### WELCOME TO SUMMIT FAMILY DENTAL

We have written this treatment consent form to explain and obtain your consent to dental treatment. It is important that you understand your dental treatment. Please read on, and if you have any questions, please ask Dr. Wortman or a member of the staff before treatment is started.

You should understand that although we guarantee you 100% satisfaction, many factors determine the success of your dental treatment. We strongly urge you to have all dental treatment checked frequently to maintain good oral health. Partials, dentures, fillings, crowns, and even completed root canals are but a few of the things that must be examined on a routine basis. If you have any incomplete treatment, you must have it checked and completed immediately to avoid serious health problems. No matter what we do for you, the best results are obtained when you, the patient, practice good, thorough and regular home care.

While treatment is undertaken to improve your dental health, there is always potential for damage to your tooth, surrounding teeth, gums, tissues, nerves, muscles, ligaments, and joints. We explain this to you because it is always a risk when undergoing dental treatment. Anesthetic used for dental procedures has an associated risk of thrombophlebitis, extended or permanent numbness, and soreness to the jaw.

There are symptoms, which may indicate the presence of, or potential to develop Temporomandibular Joint Dysfunction (TMD). These signs may not be evident to your dentist, and this condition may be existing, but still dormant. This dysfunction can be activated, worsened, or even caused by anything that stresses the jaw joints, muscles, ligaments, nerves, or tissue (including teeth); including holding your mouth open for any period of time. You should understand that every dental procedure has the potential for causing or activating this problem; including but not limited to crowns, fillings, bridges, partials, dentures, root canals, extractions, and even teeth cleaning. So please notify us if a rest period is needed or if any symptoms develop.

Finally, if you are using dental insurance, we will attempt to verify your benefits and eligibility, but *CANNOT* guarantee your eligibility. Based on the information provided by the insurance companies, we will *ESTIMATE* your co-payment. This co-payment *is due when the services are rendered, unless other arrangements have been made*. Summit will then bill your insurance company upon completion of your treatment for the estimated insurance portion. If your co-pay turns out to be more than what the insurance company expected you to pay, according to your insurance contract, your account will be credited. You should receive copies of all insurance payments from your insurance company.

Your account is your responsibility. We will submit forms to your insurance company at no charge to you, and will attempt to help in the event the insurance company requests additional information, but in the event your insurance company does not pay your account in full; it will remain your responsibility.

Again, we would like to welcome you. We know your dental experience will be a pleasant one, and if we can do anything to improve our service please let us know!

\_\_\_\_\_  
PATIENT SIGNATURE (PARENT OR LEGAL GAURDIAN)

\_\_\_\_\_  
DATE