

***THIS FORM MUST BE SIGNED PRIOR TO TOOTH EXTRACTIONS**

*Vis-a-dent, l.l.c.
1033 Clifton Avenue
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CONSENT FORM
AUTHORITY TO OPERATE/TOOTH EXTRACTIONS

Vis-a-dent,l.l.c. is a unique provider of mobile dental care. Our mobile dentist provides quality care, comfort and convenience. Please complete and sign this form. Upon the receipt of the completed form, we will schedule a visit.

I hereby grant authority to the Dentist and staff members of Vis-a-dent to administer dental treatment, to administer anesthetics, medications and to perform such operations as may be deemed necessary in the diagnosis and treatment of my case.

I know that the practice of dentistry and surgery is not an exact science and that therefore reputable practitioners cannot properly guarantee results. I acknowledge that no guarantee has been made by anyone regarding the treatment that I have herein requested and authorized. I have also been informed that if I take any of the bisphosphonate medications or have done so in the past, there is a small possibility of developing a condition called osteonecrosis (exposure of bone in the oral cavity and non healing area of the gums). I was told and understand that it is my responsibility to find out if I ever have taken this medication in the past and properly inform the dentist. (actonel, fosomax,Zometa,Aredia,Bonivia are examples of some of these medications). I understand and was informed of my other options other than an extraction (s).

_____ I acknowledge that I have been informed of the risks and possible consequences of the operation proposed, and the costs that I will incur and do so authorize the Dentist and staff of Vis-a-dent to proceed with the tooth extraction(s).

_____ I do not give consent for treatment by the Dentist and Staff of Vis-a-dent and I will provide for my own dental treatment/care.

Resident Name

Name of Facility

Responsible Party (Sponsor) signature and date