



## Willow Bend Dental

### Informed Consent Form for General Dental Procedures

You the patient have the right to accept or reject dental treatment recommended by your dentist. Prior to consenting to treatment, you should carefully consider the anticipated benefits and commonly known risks of the recommended procedure, alternative treatments, or the option of no treatment.

Do not consent to treatment unless and until you discuss potential benefits, risks, and complications with your dentist and all of your questions are answered. By consenting to treatment, you are acknowledging your willingness to accept known risks and complications, no matter how slight the probability of occurrence.

It is very important that you provide your dentist with accurate information before, during and after treatment. It is equally important that you follow your dentist's advice and recommendations regarding medications, pre and post treatment instructions, referrals to other dentists or specialist, and return for scheduled appointments. If you fail to follow the advice or your dentist, you may increase the chances of a poor outcome.

Certain heart conditions may create a risk of serious or fatal complications. If you (or a minor patient) have a heart condition or heart murmur, advise your dentist immediately so he/she can consult with your physician if necessary.

The patient is an important part of the treatment team. In addition to complying with the instructions given to you by this office, it is important to report any problems or complications you experience so your dentist can address them.

If you are a woman on oral birth control medication, you must consider the fact that antibiotics might make oral birth control less effective. Please consult with your physician before relying on oral birth control medication if your dentist prescribes, or if you are taking antibiotics.

Further, I understand that I am entering into a contractual relationship with Willow Bend Dental for professional care. I further understand that meritless and frivolous claims for dental malpractice have an adverse effect upon the cost and availability of dental care, and may result in irreparable harm to a dental provider. As additional consideration for professional care provided to me by Willow Bend Dental, I, the patient/guardian and/or my representative agree not to advance, directly or indirectly, any false, meritless, and/or frivolous claim(s) of dental malpractice against Willow Bend Dental, Dr. Beougher and Staff.

In an effort to control the increasing costs of dental care, any claims or disputes against this office shall be resolved by "binding arbitration". By signing this agreement, the patient agrees with Willow Bend Dental that any dispute relating to dental or medical care services rendered for any condition, including any services rendered prior to the date this agreement was signed, and any dispute arising out of the diagnosis, treatment, or care of the patient, including the scope of this arbitration clause and the arbitrability of any claim or dispute, against whenever made, (including to the full extent permitted by applicable law third parties who are not signatories to this agreement [including associated]) shall be resolved by binding arbitration by the National Arbitration Forum, under the Code of Procedure the in effect. The patient understand that the result of this arbitration agreement is that claims, including malpractice claims he/she may have against the doctor, cannot be brought as a lawsuit in court before a judge or jury, and agrees that all such claims will be resolved as described in this section.

As with all surgery, there are commonly known risks and potential complications associated with dental treatment. No one can guarantee the success of the recommended treatment, or that you will not experience a complication or less than optimal result. Even though many of these complications are rare, they can and do occur occasionally.

Some of the more commonly known risks and complications of treatment include, but are not limited to the following:

1. Pain, swelling, discomfort after treatment
2. Infection in need of medication, follow-up procedures or other treatment
3. Temporary, or on rare occasion, permanent numbness, pain, tingling, or altered sensation of the lip, face, chin, gums, and tongue along with possible loss of taste
4. Damage to adjacent teeth, restorations or gums
5. Possible deterioration of your condition which may result in tooth loss
6. The need for replacement of restorations, implants or other appliances in the future
7. An altered bite in need of adjustment
8. A root tip, bone fragment or piece of a dental instrument may be left in your body, and may have to be removed at a later time if symptoms develop
9. Possible injury to the jaw joint and related structures requiring follow-up care and treatment, or consultation by a dental specialist
10. Jaw fracture
11. If upper teeth are treated, there is a chance of a sinus infection or opening between the mouth and sinus cavity resulting in infection or the need for further treatment
12. Allergic reaction to anesthetic or medication
13. Need for follow-up treatment, including surgery

This form is intended to provide you with an overview of potential risks and complications. Do not sign this form or agree to treatment until you have read, understood and accepted each paragraph stated above. Please discuss the potential benefits, risks, and complications of recommended treatment with your dentist. Be certain your dentist has addressed all of your concerns to your satisfaction before commencing treatment.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Parent/Legal Guardian

## TIRED?? Complete the Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This questionnaire refers to your chance of falling asleep, according to your usual way of life, for about the last week or two. Even if you have not done some of these things recently, try to estimate how they would have affected you during the last two weeks.

Use the following scale to choose the most appropriate number for each situation:

### Scale:

- 0 = No chance of dozing
- 1 = Slight chance of dozing
- 2 = Moderate chance of dozing
- 3 = High chance of dozing

Situation	Chance of Dozing			
	0	1	2	3
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place (i.e.- in a theater or a meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
<b>Total Epworth Score</b>				

### Scoring:

- 7 or less = You have a normal amount of sleepiness
- 8 to 9 = You have an average amount of sleepiness
- 10 to 15 = You are very sleepy and may need to seek medical attention- we can help!
- 16 + up = You are excessively sleepy and should seek medical attention-please talk with us, we can help!

### SCORES OF 10 OR GREATER:

This level of tiredness indicates you may have **SLEEP APNEA** or one of at least 84 disorders of sleep and waking. **Some Pertinent Sleep Facts include:**

- Each year, 20-40% of adults in the U.S. report difficulty sleeping
- Approximately one third of all Americans have sleep disorders at some point in their lives.
- There are two types of sleep apnea: **Obstructive Sleep Apnea and Central Sleep Apnea.**
- Symptoms of both include restless sleep, daytime sleepiness, poor memory and concentration, headache in the morning, loud snoring, change in personality, and frequent urination during the night.

***\*A simple, one night sleep study can be done in order to confirm a diagnosis and Obstructive Sleep Apnea can often be treated by the dentist with a custom oral appliance.***



## Willow Bend Dental

### Privacy Agreement

Dr. Beougher, Associates and Staff (collectively labeled Dentist) agree to maintain Privacy of our patients as outlined in this HIPPA form. The Dentist takes pride in being able to extend a greater degree of privacy than is required by HIPPA, state confidentiality mandates, and common law.

Federal and State Privacy laws are complex. Unfortunately, some dental offices try to find loopholes around these laws. For example, HIPPA forbids dentists from receiving money for selling lists of patients or protected health information to companies to market their products or services directly to patients without authorization. Some dental practices, though, can lawfully circumvent this limitation by having a third party perform the marketing. While personal data is never technically in the possession of the company selling its products or services, the patient can still be targeted with unwanted marketing information. Dentist believes this is improper and may not be in the patients' best interest. Accordingly, Dentist agrees not to provide any list for marketing or be paid for selling patient lists or protected health information to any party for the purpose of marketing directly to patients. Regardless of legal privacy loopholes, Dentist will never attempt to leverage its relationship with a patient by seeking their consent for marketing products to others.

In consideration for treatment and the above noted patient protection, you as the patient agree to refrain from directly or indirectly publishing or airing commentary upon Dentist and his practice, expertise and/or treatment unless explicitly mandated by law. Publishing is intended to include attribution by name, by pseudonym, or anonymously. Dentist has invested significant financial and marketing resources in developing the practice. In addition, Patient will not denigrate, defame, disparage, or cast aspersions upon the Dentist; and (ii) will use all reasonable efforts to prevent any member of their immediate family or acquaintance from engaging in any such activity. Published comments on web pages, blogs, and/or mass correspondence, however well intended, could severely damage Dentist's practice.

Dentist feels strongly about Patients' privacy as well as the practices' right to control its public image and privacy. Both Dentist and Patient will work to prevent the publishing or airing of commentary about the other party from being accessed via Internet, blogs, or other electronic, print, or broadcast media without prior written consent. Finally, this agreement shall be in force and enforceable (and fully survive) for a period of the longer of (a) five years from Dentist's last date of service to Patient; or (b) three years beyond any termination of the Dentist-Patient relationship. As a matter of office policy, Dentist is requiring all patients in its practice to sign the Mutual Agreement to Maintain Privacy so as to establish that any anonymous or pseudonymous publishing or airing of commentary will be covered by this agreement for all Dentist's patients.

Patient and Dentist acknowledge that breach of this Agreement may result in serious, irreparable harm. In addition to compensation for consequential damages, patient and Dentist agree to the right of equitable relief (including but not limited to injunctive relief). Should a breach of this agreement result in litigation, the prevailing party in the litigation shall be entitled to reasonable costs, expenses, and attorney fees associated with the litigation.

Patient has been given the opportunity to ask questions and receive satisfactory and adequate explanations.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date