



Paramount Dental Care
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Secaucus, New Jersey 07094
Phone: 201-864-4700

Consent Form

I understand that all dental and anesthetic procedures have associated risks. These may be but are not limited to:

- Drug reactions and side affects
- Damage to adjacent teeth or restorations
- Post-operative infection
- Post-operative bleeding that might require additional treatment, bruising, swelling, sensitivity, pain
- Failure of dental procedure necessitating additional treatment
- Complications during or after treatment necessitating referral to a specialist.

I understand I have the right to ask questions about my treatment, including alternatives and risks, as well as consequences of doing nothing. I further understand that I cannot be offered guarantees.

Patient Signature _____

Date _____

Parent/Guardian Signature _____

Date _____