

Liberty Dental Care, Inc

Dr. Lewis Wilson

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CONSENT FORM

PLEASE READ THE FOLLOWING CAREFULLY

I hereby grant my consent for treatment and/or diagnostic examination at the office of Liberty Dental care, Inc. This treatment may not be limited to the following:

- A. Observation and examination of the tissues of the mouth and related structures (for example: tongue, throat, cheeks, probing the gums, etc).
 - B. X-Rays.
 - C. Cleaning of the teeth and other gum related treatment (for example: gum surgery).
 - D. Administration of an anesthetic (for example: numb the tooth, teeth, or gums).
 - E. Administration of an inhalation analgesic/anxiolytic (for example: nitrous oxide, laughing gas).
 - F. Extraction of a tooth or teeth (for example: pull the tooth).
 - G. Filling of the tooth or teeth with a temporary or permanent filling (including caps, crowns, or bridges).
 - H. Root Canal Therapy (for example: revoke the nerve of the tooth).
 - I. Replacement of missing teeth with partial/complete dentures, and/or restored implants.
 - J. Other.
1. I understand all diagnostic aids such as x-rays, photographs, recordings, and drawings which may be deemed necessary or desirable may be taken, and will remain the sole property of Liberty Dental Care, Inc., which may be used all or any portion thereof for educational purposes, advertising or other marketing purposed.
 2. I understand that this examination DOES NOT GUARANTEE further treatment at the office of Liberty Dental Care, Inc.
 3. My signature, or that of my representative or witness, indicates that I do understand the above, and give my consent for dental treatment.

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