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Consent to Treatment

There are some risks in all dental procedures. Specific risks include but are not limited to: infections, swelling, pain, discoloration, and partial or complete, permanent or transient numbness or paresthesia of areas of the oral cavity. Sometimes there are complications that cannot be foreseen. If we are not able to resolve your chief complaint, we will assist you in finding a specialist that can accommodate your needs.

Alternative methods of treatment and the consequences of no treatment will be explained. The procedures involved in dental treatment include the use of anesthetics, sedatives and other medications. Changes in any treatment plan will be discussed with you for your approval.

You may ask questions regarding any proposed procedure and the risk involved, and you have the right to refuse any procedure.

My signature below indicates that I have read and accepted the above statements.

Signature of patient, parent or guardian

Date

Printed Name

LEWIS FAMILY DENTISTRY

PRIVACY NOTICE ACKNOWLEDGEMENT

To Our Patients:

Federal law requires that we provide you with a copy of our Privacy Notice.

The Privacy Notice explains how we may use and disclose health information about you. We ask that you sign this form for our records so that we may document your receipt of the Notice.

If you have questions about the Privacy Notice, please feel free to direct these to our Privacy Officer at any time. The name and contact number of the Privacy Officer is listed on your copy of the Privacy Notice.

Patient Name: _____ Date of Birth: _____

Patient to complete this section

I have received a copy of the Privacy Notice for this organization on today's date.

Signed: _____ Date: _____

If patient is unable to acknowledge receipt, staff member providing notice to complete this section

The Privacy Notice was provided to

Patient Name: _____ On _____

The patient was unable to acknowledge receipt of the Privacy Notice for the following reason:

Signed: _____

File this form in the patient's chart