



## INFORMED CONSENT FOR ANTIBIOTIC PROPHYLAXIS PRIOR TO DENTAL TREATMENT

This consent form is designed to provide you with information regarding antibiotic prophylaxis prior to dental treatment. The information provided here will help you make an informed decision about whether to proceed with the recommended antibiotic prophylaxis. Please read this form carefully and feel free to ask any questions regarding the procedure before signing the form.

By signing this document, I (Patient's Name) \_\_\_\_\_ hereby provide my informed verbal and written consent and authorize Dr. \_\_\_\_\_ to perform the proposed dental treatment \_\_\_\_\_ WITH antibiotic prophylaxis or \_\_\_\_\_ WITHOUT antibiotic prophylaxis on \_\_\_\_\_ (date).

### PURPOSE OF ANTIBIOTIC PROPHYLAXIS

Antibiotic prophylaxis is recommended to patients with certain medical conditions, which puts them at a higher risk of bacterial systemic infection(s), including but is not limited to infective endocarditis. It is a preventive treatment that involves the administration of antibiotics to a patient prior to a dental procedure to prevent a systemic infection(s). If you choose to proceed with the antibiotic prophylaxis, you will be given a prescription for antibiotics to take prior to your dental procedure. You will need to take the antibiotics according to the instructions provided by your dentist.

### BENEFITS OF ANTIBIOTIC PROPHYLAXIS

The benefit of antibiotic prophylaxis is the prevention of bacterial infections that may occur during dental procedures. This reduces the risk of developing serious infections that could lead to hospitalization or even death.

### RISKS OF ANTIBIOTIC PROPHYLAXIS

Some risks associated with antibiotic prophylaxis may include the development of antibiotic-resistant bacteria, which may make future bacterial infections more difficult to treat in the future. Other risks may include allergic reactions, diarrhea, stomach problems and other complications associated with antibiotics.

### ALTERNATIVES OF ANTIBIOTIC PROPHYLAXIS

If you choose not to proceed with antibiotic prophylaxis prior to dental treatment, some alternative options are to undergo the dental procedure without antibiotic prophylaxis or taking additional precautions such as using a mouthwash prior to dental treatment.

## Informed Consent:

I have been informed of the approximate cost of the procedure, and I understand that I am responsible for any outstanding balance that my insurance does not cover. Once treatment has begun, it is essential that it be completed in a timely manner. My dentist has given me the opportunity to contact my medical doctor, any specialists, or any nurse practitioners that I may have to obtain any advice and/or recommendation on antibiotic prophylaxis prior to dental treatment.

I understand the recommended treatment and I voluntarily accept all the benefits, risks, alternatives and cost of the discussed treatment, and the consequences of no antibiotic prophylaxis. I have been given the opportunity to ask any questions and have received answers to my satisfaction. I voluntarily accept all possible risks including those listed in this form. I understand no guarantees or promises have been made to me concerning the results and the fee(s) for service have been explained to me and are satisfactory. I accept all financial responsibility for this treatment and understand that no refunds are possible. By signing this document, I am freely giving my informed verbal and written consent to allow and authorize my dentist to proceed with my decision on antibiotic prophylaxis.

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(Initial) RETENTION OF DOCUMENTS RELATING TO YOUR CARE AND AGREEMENT. By signing this, you understand and agree that it is our policy to scan original documents and store documents in an electronic form. Further, you agree that any agreement bearing scanned signature, which is printed from the electronic form, has the same force and effect as the original document.

Patient's Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness's Name: \_\_\_\_\_ Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_