



Little Smiles of Orange County Consent to Dental Treatment

I the parent/guardian of the above named patient do hereby give consent to the following dental procedures to be preformed by D. Harvey Lee, DDS, MPH and his clinical team.

I give permission for D. Harvey Lee, DDS, MPH and his clinical team to take any necessary diagnostic films, photos, or study models to properly enable complete diagnosis and treatment. I am aware there may be additional charges for these procedures. I acknowledge that all original records and diagnostic aids are the property of Little Smiles of Orange County. Copies may be furnished upon a signed "Release of Records" form based on established policies of the office. There may be a fee for duplication and/or transfer of records.

I authorize the evaluation, diagnosis and performance of restorative procedures, oral surgery, orthodontic treatment and/or other dental procedures deemed necessary or advisable by D. Harvey Lee, DDS, MPH including the administration of local anesthesia (i.e. Novocain) and/or Nitrous Oxide, sedative drugs, and/or physical restraint. If there are any exceptions to this I will immediately notify D. Harvey Lee, DDS, MPH in writing.

It should be understood by the patient/guardian that the professional fee in the agreement is based o the estimate arrived at by the doctor through diagnosis, but exact treatment plans when dealing with human tissue is impossible. The treatment is subject to modification depending on unforeseen or un-diagnosable circumstances that may arise during the course of treatment. I therefore authorize the doctor to perform such additional procedures or treat unhealthy or unforeseen conditions that may be encountered as he may seem necessary or desirable during treatment after I have been consulted and prior to initiation of treatment procedures.

I understand that sedation may be partially or completely ineffective in managing my child. In such instances, the planned treatment may not be possible or may be incomplete and it may take several return appointments using sedation techniques and/or alternative methods to complete the necessary treatment in a safe and comfortable manner.

I have been informed and understand that occasionally there are complications associated with dental surgery, sedation medications, anesthetic agents including, but not limited to, pain, infection, swelling, bleeding, scarring, contraction, possible deformities, prolonged healing time over the estimate, allergic reaction to any medications or materials (before, during or after the procedure), numbness, (temporary or permanent), itching tongue, lip, teeth, tissues (paresthesia), development of the temporomandibular joint disorder, injury to adjacent teeth or surrounding tissue, fractured jaw, vomiting, nausea, amnesia. Rarely, these complications may require hospitalization.

The nature and risks of these procedures have been fully explained to me and I understand them. I have had sufficient opportunity to discuss the patient's dental condition/problem(s), the treatment plan, sedation and anesthesia procedures, and the benefits to be reasonably expected from these treatments/procedures, compared with the alternative approaches and/or no treatment. I recognize that the practice of dentistry is not an exact science and that no guarantees have been made to me concerning the result of these procedures I have requested

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and authorized. Any efforts to alter the results will be made at the sole discretion of the treating dentist.

D. Harvey Lee, DDS, MPH reserves the right to discontinue treatment if, in his sole opinion, circumstances justify such actions. Among reasons for discontinuation of treatment are repeated lateness and failure to keep appointments.

All of my questions have been answered to my satisfaction and I consent to treatment and procedures prescribed for the patient listed in the treatment plan.

I acknowledge I have received and reviewed the Dental Materials Fact Sheet.

I acknowledge I have received a copy of HIPAA Notice of Privacy Practices.

Print Name

Signature

Date

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