**PR Dental Tourism**

**INFORMED CONSENT FOR ANY TREATMENT**

* I authorize the professionals involved, using their best professional judgment; They treat the diagnosed condition in my mouth as well as any unforeseen conditions or complications that occur during treatment.
* I also authorize, if necessary, the application of local anesthesia that the professional understands is the most appropriate for my case.
* It is impossible to guarantee medical or dental treatment. In any dental treatment there are potential risks and/or complications related to the treatment. Among them are:

1. If local anesthesia is used: We may have numbness and/or tingling of the tongue and lower lip. They are generally transient, but can rarely (0.008%) be permanent.

2. In the case of operative treatment (caries treatment): pain or tenderness in the treated part, endodontic treatment requirements not covered by the initial treatment.

3. In the case of surgery and / or extractions: injury to the adjacent teeth, communication between the mouth and the maxillary sinus (cavity in the upper teeth) that requires additional surgery, decision to leave part of the root if its removal requires surgery.

4. In the case of crowns and bridges: nerve damage due to the use of part of the piece to place a crown and therefore requires endodontic treatment not covered by the initial treatment. Nuisance bite that requires selective treatment, cosmetic change that does not meet expectations in the mind of the patient.

5. In the case of endodontic treatment: fracture of the crown or root of the tooth of the piece, separation of instruments inside the canal, periapical lesions that do not respond to preserved endodontic treatment and require surgery.

NOTE: The patient's negligence in keeping their appointments, instructions for taking antibiotics, and specific postoperative recommendations are responsible for any complications that arise as a result. All prescription medications, including local anesthesia, have the potential to cause adverse reactions, if so, call this office to provide any information on what is happening.

I certify that I have read the entire document and that I understand it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Patient's signature