

**Gregory J. Gauthier D.D.S., L.L.C.**

*+ Gregory J. Gauthier D.D.S. and Nathan Tiffenberg, D.D.S. +*

**4444 E. Fletcher Ave., Suite A  
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**Authorization and Informed Consent for Dental Procedures**

I hereby authorize and consent to an examination, including any necessary radiographs.

This is to acknowledge that if further dental treatment is required, I will receive a dental treatment plan prepared for me and explained to me, for treatment of my oral health, including costs of procedures and estimated insurance benefits. Further, I have been informed that other possible alternative methods of treatment, if any, have been discussed. If, during a procedure, any unforeseen condition shall arise in the course of the procedure, calling for the Doctor's judgment, or for procedures in addition to, or different from those now contemplated, I further request and authorize the Doctor to do whatever he may deem advisable.

Post-operative risks of the proposed treatment include, but are not limited to, swelling, pain, thermal sensitivity, gum recession, exposure of margins of crowns (caps), tooth mobility, food impaction between teeth, infection, phonetic interference and alterations of fit of present dental appliances.

Due to the unpredictability of individual healing responses and biologic principles beyond our control, no guarantee has been given to me that the proposed treatment will be curative and/or successful. It has been explained that the long-term success of treatment requires my cooperation and performance of plaque control, as well as periodic maintenance visits after the proposed treatment.

Appointments are scheduled with the utmost care and consideration. This time has been specifically reserved for you. Our staff will attempt to call to remind you about your appointment, but this is only a courtesy. We reserve the right to charge for appointments that are cancelled and/or broken without 24 hours advance notice.

I certify that I have read and fully understand the above consent for the procedures.

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Signature of Patient or Legal Guardian

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Date