

# *General Consent for Treatment*

# The Dentist's House of Edina, Inc.

*“a comfortable approach to dentistry”*

*Janet A. Zingale, DDS and Michael J. Zingale, DDS*

*(Please print patient's full name) \_\_\_\_\_ consents to any related therapeutic procedures that in the judgment of the doctor will be necessary for my well being.*

*I have informed the doctor of my past medical history, and of any illnesses, injuries, treatment and medications I am presently taking.*

*The nature and the purpose of the treatment and the therapeutic alternatives will be explained to me. No guarantee will be made or implied as the result or cure.*

*I also consent to the administration of local anesthesia and the taking of radiographs as indicated by the doctors.*

*Signed: \_\_\_\_\_ Date: \_\_\_\_\_*  
Patient or Guardian

*Thank you!*