

ALLEN J. DAVIS, D.M.D.  
RANDALL J. DAVIS, D.M.D.  
AUTHORIZATION FOR SURGICAL OR OTHER PROCEDURES

1. I, (name of patient) \_\_\_\_\_, hereby authorize Dr. \_\_\_\_\_  
and such assistants he/she may select, to perform on me, the above patient, the following procedure(s):  
(Please print)

\_\_\_\_\_

2. I consent to the administration of such medications, treatments, and therapies as may be deemed advisable in the judgment of the attending dentist or the designated associates or assistants.
3. It has been explained to me that during the course of an operation or procedure, unforeseen conditions may be revealed that necessitate an extension of the original procedure(s) as stated in paragraph 1 above. I therefore authorize and request that the above named dentist perform such surgical procedures as are necessary and desirable in the exercise of their professional judgment. The authority granted under this paragraph shall extend to treating all conditions that are not known to the dentist at the commencement of the procedure and which require treatment.
4. My dentist has informed me, and I understand that certain risks, complications, and consequences are associated with the surgical/special procedure. I have received information about alternatives to the procedure. I acknowledge that no guarantees or assurances have been made to me concerning the results. I have been given the opportunity to ask questions, and all of my questions have been answered satisfactorily.
5. I further consent to the office disposal of any tissues or parts which may be removed, in accordance with the office's usual practice.
6. I have been informed and I understand that this consent may be withdrawn any time prior to the procedure.

\_\_\_\_\_  
(Signature of patient)

\_\_\_\_\_  
(Signature of other responsible person authorized to consent for patient)

\_\_\_\_\_  
(Relationship to patient)

\_\_\_\_\_  
(Witness to signatures)

**INFORMED CONSENT:** I have explained to \_\_\_\_\_ (patient, parent, or proxy) the nature of the procedure, in layman's language, the necessity for the procedure, its risks, benefits, and alternatives, and the risks and benefits of those alternatives.

\_\_\_\_\_  
(Dentist signature)

\_\_\_\_\_  
(Date)