



6, Stefan Stambolov Blvd. and 26A, Knyaz Al.Dondukov Blvd., Sofia, www.medstom.com

CONSENT FOR SPECIAL PROCEDURES

INSTRUCTIONS:

Use available expressions, replace the words which are not understood.

1. I thus authorise Medical and Dental Center Medstom and its physicians, staff and employees to try to treat the condition(s), diagnosed with the help of the already made examinations. The conditions that are in need of a treatment are: Broken / Decayed teeth

2. The procedures for the treatment of these conditions were explained to me by Dr.....

And I understand their nature:

- a) Local anesthetic
- b) Tooth extraction No
- c) Incision of abscesses and phlegmons in the Maxillofacial area
- d) Placing of bone replacement substances.....

3. I was informed of certain risks and consequences associated with the above mentioned procedures. The more common risks include: infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions and pneumonia. These risks can be serious and possibly fatal. The risks of this particular surgery include:

Pain, swelling, fracture of the lower jaw, entry into the sinuses, fractured roots, injuries to other teeth, alveolitis, tingling of the lips and chin, need for additional surgery.

4. Alternatives to this procedure/surgery are: the disease to be left untreated.

5. I realize the consequences of not applying these procedures: pain, swelling, infection, hospitalization, loss of other teeth.....

6. I have been also informed that there may be other risks (including death) during the performance of the procedures described above. I am aware that medicine and surgery in particular are not exact sciences and I accept that I was not given a guarantee regarding the results of the surgery or the procedures.

7. In Dental Center Medstom there are doctors undergoing training that will assist my doctor in his care for me. With the present authorisation I give the right to this dental clinic to keep for scientific and educational purposes.

8. It was explained to me that during my treatment may arise conditions that can lead to the necessity for conducting additional procedures and I authorise the doctor and his assistants in these cases to do what is necessary at their discretion.

9. It was explained to me that the average recovery period for these procedures is:days.

10. I understand that I have the right to withdraw my consent at any time by informing my doctor.

Signature of patient or authorized representative:.....

Date Witness.....

Relationship with the patient.....

(a witness is required in case of an agreement over the phone or inability of the patient to sign the consent)

Medical declaration:

I explained the content of this document and I answered the questions of the patient by using my best knowledge. I believe that the patient was adequately informed.

Doctor's signature:.....

Date:.....