



Carl W. Churchman, Jr., DDS

3640 Common Street
Lake Charles, Louisiana 70607

Office Hours By Appointment

Phone: (337) 478-5070

Fax: (337) 478-5071

Informed Consent

I _____ accept and agree to all procedures for proposed treatments by Carl W. Churchman Jr. DDS. This includes, but is not limited to, x rays, cleanings, gum treatment, medications, prescriptions, fillings, extractions, root canals, crowns, bridges, dentures, partial dentures, and any other treatment needed. I understand that dentistry is not an exact science and that there are certain risks involved in treatment, including but not limited to, infections, parathesia (numb lip and/or tongue), bleeding, swelling, bruising, pain, paralysis, allergic reactions, complications, and death. Actual risks of these and any other complications are very minimal given the millions of dental treatments rendered in the State of Louisiana and the United States each year. I have read and understand this informed consent and with this knowledge I consent to any and all treatments and outcomes performed by Dr. Churchman or his staff.

Signed: _____

Date: _____

If Informed Consent is for a minor; I as guardian, parent, or otherwise responsible person of _____ do understand and accept the above written Informed Consent.

Signed: _____

Date: _____