

\_\_6. If any unforeseen condition should arise in the course of the treatment calling for Dr. Bacino's judgment or for procedures in addition to, or different from those now planned, I request and authorize Dr. Bacino to do whatever he deems necessary, in his professional judgment, to most safely resolve the situation.

\_\_7. I have the opportunity to discuss my past medical history, including:  
\_\_\_\_\_

\_\_8. Medications, drugs, anesthetics and prescriptions may cause drowsiness and/or a lack of awareness and coordination, which can be increased by the use of alcohol or other drugs. Thus, I am aware not to drink alcohol or take drugs not prescribed for me. I have also been advised not to operate any vehicle or equipment while taking such medication and/or drugs until fully recovered from the effects of the medication or procedure.

\_\_9. I am aware that the effectiveness of some oral contraceptive drugs (birth control) is reduced by some antibiotics. It has been suggested that I use additional forms of contraception while taking antibiotics until I can consult with my physician.

\_\_10. I agree to cooperate completely with the recommendations of Dr. Bacino while I am under treatment (i.e./post-operative instructions, regular home care and healing check appointments), realizing that failure to follow these recommendations could result in a less than optimum outcome.

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I certify that I have had an opportunity to read and ask questions of Dr. Bacino or his staff and fully understand the terms and word within the above consent form and the explanation made to my by  
\_\_\_\_\_

I believe I have been given and understand sufficient information to voluntarily give my consent for Dr. Bacino to perform \_\_\_\_\_ on tooth #\_\_\_\_\_, in an attempt to allow me to retain my tooth.

\_\_\_\_\_  
Patient's Full Name (please print)

\_\_\_\_\_  
Witness's Full Name (please print)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_/\_\_\_\_\_  
Date Time

\_\_\_\_\_/\_\_\_\_\_  
Date Time

\_\_\_\_\_  
Dr. Paul E. Bacino

\_\_\_\_\_/\_\_\_\_\_  
Date Time