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Informed Consent for Laser Treatment

Hard and Soft Tissue Treatment

I, _____, am aware that the laser will be used in conjunction with my dental treatment to bio-stimulate cells, promote healing and reduce bacteria.

Of the lasers used in the dental profession, the Diode laser is safe and provides minimal penetration. There are no known side effects with proper use of dental lasers.

I understand the outcome of dental and/or periodontal therapy will vary from patient to patient, and the long-term success of my treatment depends on personal oral hygiene, completion of recommended dental therapy of hard and soft tissue, regular cleaning and dental care appointments, overall general health, and sincere commitment to maintain oral health.

My signature below acknowledges that I have read this information presented to me. I understand the benefits and risks involved, and hereby give my consent for laser treatment.

Patient Name (please print)

Patient Signature (or parent, if minor)

Today's Date