

## **Patient's Rights, Responsibilities and Expectations**

You, the patient, have the right to accept or reject dental treatment recommended by your dentist. Prior to consenting to treatment, you should carefully consider the anticipated benefits and commonly known risks of the recommended procedure, alternative treatments, or the option of no treatment.

Do not consent to treatment unless and until you have discussed the potential benefits, risks, complications, and alternative treatments with your dentist and all of your questions are answered to your satisfaction. By consenting to treatment, you are acknowledging your willingness to accept the consequences of such known risks and complications, no matter how slight the probability of occurrence. We will do our best to address such untoward events, if and when they occur.

It is very important that you provide your dentist with accurate information before, during and after treatment. It is equally important that you follow your dentist's advice and recommendations regarding medication, pre and post treatment instructions, referrals to other dentists or specialist, and return for scheduled appointments. If you do not follow the advice of your dentist, you may increase the chances of a poor outcome.

The patient is an important part of the treatment team. In addition to complying with the instructions given to you by this office, it is important to timely report any problems or complications you experience so they can be addressed by your dentist.

If you are a woman on oral birth control medication, you must consider the fact that antibiotics might make oral birth control less effective. Please consult with your physician before relying on oral birth control medication if your dentist prescribes, or if you are taking antibiotics.

In consenting to becoming a patient of **South Florida Center for Periodontics & Implant Dentistry {SFCPID}**, I understand that I am entering into a contractual relationship for professional care. I understand that in the unlikely event of negligence I have a legal right to remedies under the law. As a condition to receive professional care provided to me by Drs. Jeffrey Ganeles, Frederic J. Norkin, Liliana Aranguren, Andre B. De Souza, Ovadia Chocron, and/or Samuel Zfaz, I, agree not to advance, directly or indirectly, any false, meritless, and/or frivolous claim(s) of medical/dental malpractice against by Drs. Jeffrey Ganeles, Frederic J. Norkin, Liliana Aranguren, Andre B. De Souza, Ovadia Chocron, Samuel Zfaz or SFCPID.

Furthermore, should a dental malpractice case or cause of action be initiated or pursued, I agree to use expert witness(es) who practice primarily in the same specialty as Drs. Jeffrey Ganeles, Frederic J. Norkin, Liliana Aranguren, Andre B. De Souza, Ovadia Chocron, and/or Samuel Zfaz, and that these expert witnesses will be members in good standing of and adhere to the guidelines and / or code of conduct defined for expert witnesses by the American Academy of Periodontology. In further consideration for this, Drs. Jeffrey Ganeles, Frederic J. Norkin, Liliana Aranguren, Andre B. De Souza, Ovadia Chocron, and/or Samuel Zfaz agree to the same stipulations.

Patient                      Signature

Date