

John T. Mahoney DDS

Family Dentistry
2117 Old Jeanerette Road
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Dear New Patient:

We are pleased to welcome you to our practice. Please allow us a few moments to familiarize you with some of our office procedures.

Scheduling:

For your convenience our office hours are by appointment only from 7:00 am – 12:00 pm and from 1:00 pm – 4:00 pm. Monday through Thursday.

Should you have a dental emergency, we do have an answering service who takes our calls after hours and on weekends.

We strive to schedule appointments that are convenient for you. Since we try to accommodate so many busy schedules, it can become a very difficult task. Therefore, we must request that if you are unable to keep your scheduled appointment with us, that you kindly give at least a 24 hour notice of change or a charge may be considered.

We have a fully trained and professional team who is eager to help you. **Dr. John Mahoney** is the owner and main dentist of the practice and graduated from LSU School of Dentistry as a General Dentist in May 1985.

Our team also includes three licensed and registered dental hygienists. **Samantha Stansbury** has been with us since she began practicing in 1998. **Angela Hedge** has been with us since she began practicing in August of 2005 and **Michelle Dupre** began her journey with us in March 2018, although she has been in practice since 2004.

All of our Registered Dental Hygienists are CPR certified, and licensed in the administration of anesthesia.

Our team strives for excellence in all areas of dentistry. We are always learning new ways to serve our patients. Our practice philosophy has always been and will always be to treat our patients the way we desire to be treated.

Dental Insurance: For your convenience, we do accept assignment for and file for many dental insurances. We charge you an estimated out of pocket. This estimated amount cannot be considered as a definite amount due until your insurance carrier actually pays the insurance claims. We must stress that this is a courtesy and that the relationship of insurance is between you and your insurance carrier and we are merely attempting to assist our patients with the cost of their dental treatment. If the dental insurance company does not pay all of the estimated portion within 60 days, the remaining balance becomes due and payable by you, the patient.

General Consent For Dental Treatment

State Law requires us to obtain your consent for dental treatment. Please ask us about anything you do not understand and we are ready to answer any of your questions or explain anything.

Any alternatives to the recommended treatment, including no treatment, have been explained to me.

Furthermore, I give Dr. Mahoney and any member of his team my permission to voice record, tape digitally, videotape and/or take 35mm and/or digital photos of me or my procedure for the purposes of completing my medical record and/or for patient education.

There are risks associated with any dental treatment. This includes the administrations of any local or general anesthetic agent, analgesic agent(s) to produce conscious sedation, and/or pre-medication prior to dental care being rendered. Some of these risks/complications are, but are not limited to the following:

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| Infection | Slough (unanticipated loss of hard and/or soft tissue) |
| Bleeding | Injury to adjacent structures |
| Failure of wound to heal | Instrument breakage |
| Injuries to adjacent teeth and/or hard or soft tissue | Breakage of root(s) and related tooth fragments |
| Paresthesia or numbness of tongue, and/or mouth, and/or face | Swallowing and/or aspiration of objects |
| Fracture of Mandible (lower jaw) or Maxilla (upper jaw) | Allergic reaction to medications |
| Opening between mouth and sinus or mouth and nose | Trismus (jaw pain or difficulty to open mouth) |
| Fragment of tooth in maxillary sinus | Failure of treatment to accomplish its purpose |
| Incomplete removal of tooth | Death (in rare instances) |
| Dry socket | Bacterial Endocarditis |
| Loss of teeth | Loss of bone |
- Additional oral surgery; hospitalization and/or further treatment may be required in the event of any complication

By signing, I acknowledge that I have read this consent, or that it has been read to me. I also understand the information contained on this consent form. I was given adequate opportunity to ask any questions and all questions that were asked, were answered to my satisfaction.

I hereby authorize and direct the dentist and/or associates, hygienist, assistants of their choice to perform the diagnostic, surgical or dental treatment. This consent form will remain valid until revoked by me in writing.

Signature of Patient or Parent / Guardian

Date

Print Name

Name of Patient if patient is a minor (Please Print)

DOB

Finally, we want to thank you for entrusting us with serving you and hope you will tell others about your experience with us!

Dr. John T. Mahoney and Team