



Chart# _____

DENTAL CARE
CARING FOR A HEALTHY SMILE

Informed Consent

1. EXAMINATIONS AND X-RAYS

I understand that the initial visit may require radiographs in order to complete the examination, diagnosis and treatment plan (I understand I am to have work done as detailed in the attached treatment plan). (Initials _____)

2. DRUGS, MEDICATION

I have been informed and understand that antibiotics and analgesics and other medications can cause allergic reactions causing redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). I have informed the Dentist of any known allergies. They may cause drowsiness, lack of awareness and coordination which can be increased by the use of alcohol or other drugs. I understand and fully agree not to operate any vehicle or hazardous device for at least 12 hours or until fully recovered from the affects of the anesthetic, medication and drugs that may have been given to me in the office for my care. I understand that failure to take medications prescribed for me in the manner prescribed may offer risks of continued or aggravated infection and pain and potential resistance to effective treatment of my condition. I understand that antibiotics can reduce the effectiveness of oral contraceptives (birth control pills) (Initials _____)

3. CHANGES IN TREATMENT PLAN

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination, the most common being root canal therapy following routine restorative procedures. I give my permission to the Dentist to make any/all changes and additions as necessary. (Initials _____)

4. TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMD)

I understand that popping, clicking, locking and pain can intensify or develop in the joint of the lower jaw (near the ear) subsequent to routine dental treatment wherein the mouth is held in the open position. Although symptoms of TMD associated with dental treatment are usually transitory in nature and well tolerated by most patients, I understand that should the need for treatment arise, then I will be referred to a specialist for treatment, the cost of which is my responsibility. (Initials _____)

5. FILLINGS

I understand that a more extensive restoration than originally diagnosed may be required due to additional decay or unsupported tooth structure found during preparation. This may lead to other measures necessary to restore the tooth to normal function. This may include root canal, crown, or both. I understand that care must be exercised in chewing on fillings during the first 24 hours to avoid breakage. I understand that sensitivity is common after effect of a newly placed filling. (Initials _____)

6. REMOVAL OF TEETH

Alternative to removal have been explained to me (root canal therapy, crown, and periodontal surgery, etc.) and I authorize the Dentist to remove the following teeth _____ and any others necessary for reasons in paragraph #3. I understand removing teeth does not always remove all the infection, if present, and it may be necessary to have further treatment. I understand the risk involved in having teeth removed, some of which pain, swelling, spread of infection, dry socket, exposed sinuses, loss of felling in my teeth, lips, tongue and surrounding tissue (Parathesia) that can last for an indefinite period of time or fractured jaw. I understand that I may need further treatment by a specialist or even hospitalization if complications arise during or following treatment, the cost of which is my responsibility. (Initials _____)

7. CROWNS, BRIDGES

I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I further understand that I may be wearing temporary crowns, which may come off easily and that I must be careful to ensure that they are kept on until the permanent crowns are delivered. I realize that the final opportunity to make changes in my new crown or bridge, (including shape, fit, size and color) will be before cementation. It has been explained to me that, in very few cases, procedures may result in the need for future root canal treatment, which cannot always be predicted or anticipated. It is also my responsibility to return for permanent cementation within 20 days after tooth preparation. Excessive delays may allow for decay, tooth movement, gum disease, and/or bite problems. This may necessitate a remake of the crown/bridge. I understand there will be additional charges for remakes or other treatment due to my delaying permanent cementation. (Initials _____)

8. I realize that full or partial dentures are artificial, constructed of plastic or metal. The problems of wearing these appliances have been explained to me including looseness, soreness and possible breakage. I realize the final opportunity to make changes in my denture (including shape, fit, size, placement, and color) will be the **“teeth in wax”** try in visit. Once delivered, any changes needing to be made will then be an additional cost to the patient because the teeth are already finished and processed. Immediate dentures (placement of dentures immediately after extractions) maybe uncomfortable at first. Immediate dentures may require several adjustments and a reline. A permanent reline or a second set of dentures will be necessary later. This is not included in the initial denture fee. I understand that is my responsibility to return for delivery of dentures. I understand that failure to keep delivery appointments may result in poorly fitted dentures. If a remake is required due to my delay of more than 30 days, there will be additional charges.

Patient

Dentist