Informed Consent - General Dentistry

All patients complete all of the below

1) EXAMINATIONS AND X-RAYS

I understand that the initial visit may require radiographs in order to complete the exam, diagnosis, and treatment plan.

Initials _____

2) DRUGS AND MEDICATION

I am aware and understand that medications can cause allergic reactions. I have informed the dentist of any known allergies. I understand that if I do not take my prescribed medication in the manner in which it is prescribed for me, my condition may not improve and may worsen. I understand that antibiotics can reduce the effectiveness of oral contraceptives. I understand that all medications have the potential for risks, side effects, and accompanying drug interactions, therefore I understand the importance of informing my Dentist of all current medications.

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 initial examination. I give my permission to the Dentist to make any and 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 after routine dental treatment where the mouth is held in the open position. Although symptoms of TMD associated with dental treatment are usually temporary 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) DENTAL PROPHYLAXIS (CLEANING)

I understand the treatment is preventative in nature, intended for patients with healthy gums, and is limited to the removal of plaque and calculus from the visible tooth structures.

Initials _____

6) FILLINGS

I understand that a more extensive restoration than originally planned may be required due to additional decay or unsupported tooth structure found during preparation. This may lead to other measures necessary (root canal, crown, etc.) to restore the tooth to normal function. I understand that sensitivity is common after a newly placed filling.

Initials _____

7) CROWNS, BRIDGES, VENEERS, AND BONDING

I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. My temporary crown must be kept on until my permanent crown is delivered. I realize that the final opportunity to make changes to my new crown, bridge, or veneer will be before it is cemented. Excessive delays in returning for permanent cementation may allow for decay, tooth movement, gum disease, and/or bite problems. This may require a remake of the crown, bridge, or veneer. I understand there will be additional charges for remakes or other treatment due to my delaying permanent cementation.

Initials _____
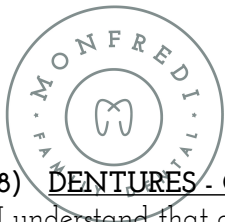
8) DENTURES - COMPLETE OR PARTIAL

I understand that complete or partial dentures are artificial, constructed of plastic, metal, and/or porcelain. The problems of wearing dentures have been explained to me, including looseness, soreness, and possible breakage. I understand the final opportunity to make changes to my new denture will be the "try—in" visit. Immediate dentures may require several adjustments and relines. A permanent reline or a permanent denture will be necessary later. I understand that most dentures require a reline approximately 3-12 months after initial placement. Relines are not covered in the initial denture fee. It is my responsibility to return for delivery of dentures. Failure to return for delivery in a timely manner may result in poorly fitted dentures.

Initials _____

9) ENDODONTIC TREATMENT (ROOT CANAL)

I realize that there is no guarantee that root canal treatment will save my tooth and that complications can occur from the treatment. The tooth may be sensitive during treatment and even remain tender for a time after treatment. Because teeth with root canals are more brittle than other teeth, a crown is necessary after endodontic treatment.

Initials _____

10) PERIODONTAL TREATMENT

I understand that I have a serious condition causing gum inflammation and/or bone loss, and that it can lead to the loss of my teeth and/or negative systemic conditions, some of which are uncontrolled diabetes, heart disease, etc. I understand the success of any treatment depends in part on my efforts to follow at home instructions given to me by my hygienist and/or doctor. I understand that periodontal disease may negatively affect long-term success of restorative dental work.

Initials _____

11) BLEACHING

Bleaching is a procedure done in office and/or with take-home trays. I understand I may experience sensitivity which may subside when treatment is discontinued. The dentist may prescribe fluoride treatments to aid with sensitivity. Coffee, tea, tobacco, etc. will stain teeth after treatment.

Initials _____

I understand that my insurance may provide only the minimum standard of care. I have been informed of the Dentist's recommendation of optimal dental treatment. I understand that dentistry is not an exact science and that therefore reputable practitioners cannot properly guarantee results. I acknowledge that I have received and understand post-operative instructions and, if needed, have been given an appointment date to return.

Signature _____ Date _____

Dentist _____ Date _____