

INFORMED CONSENT FOR GENERAL DENTAL PROCEDURES

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 medications, pre- and post-treatment instructions, and referrals to other dentists or specialists. Please be sure to return for scheduled appointments. If you fail to follow the advice of your dentist, you may increase the chances of a poor outcome. Noncompliant patients may be dismissed from the practice.

PLEASE READ AND INITIAL THE ITEMS BELOW AND SIGN AT THE BOTTOM OF THE FORM

1. EXAMINATION, PREVENTATIVE CARE, TREATMENT AND X-RAYS

I understand during my course of treatment that the following care may be provided: examinations, preventative services, diagnosis, basic restorative, and crowns. I understand that my initial visit and as needed, I may require radiographs in order to complete the examination, diagnosis, and treatment plan.

Patient/Guardian Initial: _____

2. DRUGS AND MEDICATIONS

I understand that I may receive a local anesthetic and/or other medication. In rare instances, patients may have a severe reaction to the anesthetic, which may require emergency medical attention. Patients may find that it reduces their ability to control swallowing. This loss of control increases the chance of swallowing or aspirating foreign objects during treatment. Depending on the anesthesia and medications administered, I may need a designated driver to take me home. Rarely a temporary or permanent nerve injury can result from an injection.

Patient/Guardian Initial: _____

3. BASIC FILLINGS AND RESTORATIONS

I understand that I may experience hot and cold sensitivity, pain, or discomfort following routine restorative procedures, this is usually temporary, and should settle without further treatment. If in the event that my condition does not improve, I understand that I may need further dental treatment, including possible root canal therapy which will result in additional costs. I understand that care must be exercised in chewing on the new filling during the first 24 hours in order to avoid breakage.

Patient/Guardian Initial: _____

4. CROWNS, BRIDGES, VENEERS, AND BONDING

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. I must be careful to ensure that the temporary crowns are kept on until the permanent crowns are delivered. I realize that the final opportunity to make changes in my new crowns, bridge, or veneer (including shape, fit, size, placement, and color) will be done before cementation. I understand that in very few cases, cosmetic procedures may result in the need for future root canal treatment, which cannot always be predicted or anticipated. I understand that cosmetic procedures may affect tooth surfaces, and may require modification of daily home hygiene procedures.

Patient/Guardian Initial: _____

5. ENDODONTIC THERAPY

I understand that root canal therapy is a treatment performed to retain a tooth, which might otherwise require extraction. Root canal treatment removes the pulp tissue (nerves and blood vessels) inside a tooth, and then seals the space with filling material. During root canal therapy, certain procedural complications can occur including, but not limited to, temporary or permanent alteration of sensation, i.e., numbness, separated instruments, blocked canals, root perforations, and damage to restorations. A patient may experience post-operative discomfort or swelling and may require medications for several days. Although root canal therapy has a high degree of success, it is still a biological procedure, and as such, cannot be guaranteed. Some teeth with root canal therapy may require further treatment, surgery, or even extraction.

Patient/Guardian Initial: _____

6. GENERAL RISKS OF DENTAL PROCEDURES

General risks include (but are not limited to) complications resulting from the use of dental instruments, drugs, medicines, analgesics (pain killers), anesthetics, and injections. These complications include pain, infection, swelling, bleeding, sensitivity, numbness and tingling sensations in the lip, tongue, chin, gums, cheeks, and teeth; thrombophlebitis (inflammation to a vein), change in occlusion (biting), muscle cramps, and spasms; temporomandibular jaw (TMJ) joint difficulty, loosening of teeth or restoration in teeth, injury to other tissues; and referred pain to ear, neck and head, nausea, allergic reactions, itching, bruises, delayed healing, sinus complications, and further surgery.

Patient/Guardian Initial: _____

7. 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.

Patient/Guardian Initial: _____

Patient/Guardian Signature: _____

Date: _____

Patient's Name (Please Print): _____