

General Dentistry Informed Consent

- **Drugs & Medications:** Antibiotics, analgesics, and other medications used in dental procedures can cause allergic reactions causing redness and swelling of tissues, pain, itching, vomiting, &/or anaphylactic shock (severe allergic reaction). Risk of local anesthesia may include temporary or permanent numbness or bruising.
- **Changes in Treatment:** 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 (due to the close proximity of the filling to the nerve of the tooth). *I give permission to the Dentist to make changes & additions as necessary.*
- **Removal of Teeth:** Alternatives will be explained (root canal, crowns, periodontal surgery, etc). The removal of teeth does not always remove all the infection if present, and it may be necessary to have further treatment done. Some risks are pain, swelling, spread of infection, dry socket, loss of feeling in teeth, lips, tongue & surrounding tissue (paresthesia) that can last for an indefinite period of time or jaw fracture. Further treatment by a specialist or even hospitalization if complications arise during or following treatment would be your responsibility.
- **Crown & Bridge:** Sometimes it is not possible to match exactly the color/shade of natural teeth with artificial teeth. The final opportunity to make changes (including shape, fit, size and color/shade) is *before* final cementation. Any changes after this point will be your responsibility and will incur additional charges, up to the cost of fabricating an entirely new crown. You may be wearing a temporary, which may come off easily, so you must be careful to ensure that the temporary is kept on until the permanent crown(s) are delivered. It is also your responsibility to return for permanent cementation within 30 days of tooth preparation. Excessive delays may cause unwanted tooth movement and poor fit of the final restoration. This may necessitate remake of the crown, bridge or cap, which would incur additional charges to the patient.
- **Endodontic Treatment (Root Canal):** There is no guarantee that root canal treatment will save a tooth and complications can occur from treatment. Occasionally, root canal filling material may extend through the tooth and/or metal objects can become cemented in the tooth, which does not necessarily affect the success of treatment. Occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy). *I understand that a tooth may still be lost despite all best efforts to save it.*
- **Periodontal Loss (Tissue & Bone):** This is a serious condition, causing gum and bone infection or loss, and can lead to the loss of a tooth. Alternative treatment will be explained to you (gum surgery, replacements &/or extractions). *Any dental or periodontal procedure may have adverse effect on your periodontal condition &/or increase root surface exposure of your teeth, plus recession-associated sensitivity.*
- **Periodontal Cleaning/Scaling:** The most common complications are pain, bleeding, tissue (gum) laceration or recession, sensitivity to temperature or foods, swelling, ulceration (infection), tooth fracture, breakage of fillings. Reactions to locally administered antibiotics, medicaments, or fluoride may be nausea or vomiting.
- **Fillings:** The most common complications are pain, sensitivity to temperature, fracture of tooth, nerve damage, damage to other teeth, occlusal (bite) discrepancies, TMJ complications, reactions to drugs and/or anesthesia.
- **Sealants:** There is no guarantee that a sealant will prevent all cavities; they do form a hard shield that keeps food and bacteria from getting into the tiny grooves of your teeth where cavities commonly form. Occasionally, sealants need to be replaced, as they are not intended to last a lifetime, and sometimes decay can occur beneath the sealant. Sealants can be done at any age as long as the tooth is free of decay & fillings.
- **Dentures & Partials:** Wearing dentures or partials may be difficult as they are artificial prosthetic devices constructed of plastic, metal &/or porcelain. Problems include sore spots, looseness, possible breakage, altered speech, and difficulty eating. Most prosthetics require considerable try-ins, adjustments and several relines during the initial fabrication & acclimation phase. A permanent reline will be needed approximately 3-12 months after placement and may not be included in the denture fee. Failure to keep all scheduled appointments and/or delays in the final delivery of your denture may result in a poorly fitting denture. Should a remake be required due to patient delays or missed appointments, there will be additional charges.

Treatment Risk: Any time a restoration is performed, there is a possibility of trauma to the nerve of the tooth, which could result in varying degrees of sensitivity and complications including but not limited to cold sensitivity, hot sensitivity, biting sensitivity, abscess, pulpal necrosis. Most symptoms usually resolve as the nerve heals. Complications may arise out of general dental treatment necessitating further treatment including but not limited to bite adjustments, replacement of the restoration, root canal therapy or tooth removal.

I understand that dentistry is not an exact science and therefore results cannot be guaranteed. I hereby authorize the Dentist(s) at this facility to proceed with and perform the dental procedures and treatment as explained to me. I understand that treatment plans are only estimates and are subject to modification depending on unforeseen or undiagnosable circumstances that may arise during the course of treatment. I understand that regardless of any dental insurance coverage I may have, I am responsible for payment of all dental fees. I agree to pay any attorney's fees, collections costs or court costs that may be incurred to satisfy this obligation.

Signature: _____

Date: _____