

GENERAL DENTISTRY INFORMED CONSENT

1. WORK TO BE DONE

I understand that I am having work done: Fillings () Impacted teeth removal () Root Canal () X rays () Dentures () other ()

2. DRUGS AND MEDICATION

I understand that antibiotics, analgesics, and other medications can cause allergic reactions causing redness, swelling of tissues, pain, itching, vomiting and/or anaphylactic shock.

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 examinations. For example: Root Canal Therapy, following routine restorative procedures, I give permission to the dentists to make any/all changes and additions necessary.

4. REMOVAL TEETH

Alternative to removal has been explained to me (Root Canal Therapy, Crowns, and periodontal surgery, etc.) and I authorize the dentist to remove the following teeth and any other necessary for reason in paragraph #3. I understand removing teeth does not always remove all the infections. If present (infection), it may be necessary to have further treatment. I understand the risks involved in having teeth removed, such: pain, swelling, spread of infections, dry sockets. Loss of feeling in teeth, tongue, and surrounding tissue (paresthesia that can last for an indefinite period) or fractured jaw. I understand I may need further treatment by specialist if complications arise during of following treatment. I understand that any fees charged by the specialist are my responsibility.

5. CROWNS, BRIDGES AND CAPS

I understand that sometimes it is not possible to match the color of the natural teeth exactly with artificial. I further understand that I may be wearing temporary crown, which may come off easily that I must be careful to ensure that they are kept on until the permanent crown(s) are delivered. I realize the final opportunity to make changes in the next crown, bridge, or cap (includes shape, fit, size, and color) will be before cementation. It is also my responsibility to return for permanent cementation within 30 days from tooth preparation. Excessive delay may allow for tooth movement. This may necessitate a remake of the crown, bridges, or cap. I understand there will be additional charges for remake due to my delaying permanent cementation.

6. ENDODONTIC TREATMENT (ROOT CANAL)

I realize there is no guarantee that root canal treatment will save my tooth, and that complications can occur from the treatment, and that occasionally the canal filling material may extend through the tooth which does not necessarily affect the success of the treatment. I understand that endodontic files and reamers are fine instruments and stress vented in their manufacturer can cause the to separate during use. I understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy). I understand that all teeth treated for root canal therapy should have a full crown at an additional cost. I understand that the tooth may be lost in spite of all efforts to save it.

7. PERIODONTAL LOSS (TISSUE AND BONE)

I understand that I have a serious condition, causing gum and bone inflammation or loss and that it can lead to loss of teeth. Alternative treatment plans have been explained to me, including gum surgery, replacement and/or extractions. I understand that undertaking dental procedures may have adverse effect on my periodontal conditions.

8. FILLING

I understand that care must be exercised in chewing on fillings, especially during the first 24 hours to avoid breakage. I understand that a more extensive filling that originally diagnosed may be required due to additional decay. I understand that significant sensitivity is common after effect of new filling.