

DENTAL CONSENT FORM

You have the right to accept or reject dental treatment recommended by Dr. _____ (the "Dentist"). This form is intended to provide you with an overview of potential risks and complications. Prior to consenting to treatment, you should carefully consider the anticipated benefits, commonly known risks and complications of the recommended procedure, and alternative treatments or the option of no treatment.

It is very important that you provide the Dentist with an accurate medical history before, during, and after treatment. It is equally important that you follow the Dentist's recommendations and advice regarding medication, pre and post-treatment instructions, referrals to other dentists or specialists, and return for scheduled follow-up appointments. If you fail to follow the advice of the Dentist, you may increase the chances of a poor outcome. Please read the items below and sign at the bottom of the form. Do not sign this form or agree to treatment until you have read, understood, and accepted each item carefully. Be certain the Dentist has addressed all of your concerns to your satisfaction before commencing treatment.

1. DENTAL CARE. The following care may be provided to you during your course of treatment:

Examinations and X-Rays. Radiographs are required to complete your examination, diagnosis, and treatment plan. A periodic examination will be provided by the Dentist at all routine cleanings to evaluate your teeth for decay, gum disease, oral cancer, and overall health. The Dentist will read and diagnosis any x-rays taken.

Dental Prophylaxis (Cleaning). A routine dental prophylaxis involves the removal of plaque and calculus above the gum line and will not address gum infections below the gum line called periodontal disease. Some bleeding after a cleaning can occur, however, should it persist and if it is severe in nature, the office should be contacted.

Restorations (Fillings). A more extensive restoration than originally diagnosed may be required due to additional decay or unsupported tooth structure that can only be found during preparation of the tooth. This may lead to root canal, crown, or both. Sensitivity is a common aftereffect of a newly placed filling. Occasionally after receiving a filling, it may feel high and you may need to return to have the bite adjusted.

Periodontal Treatment. Periodontal disease is an infection causing gum inflammation and/or bone loss that can lead to tooth loss. At times when a routine cleaning is schedule, the dental hygienist and Dentist may discover periodontal disease is present in all or certain areas of your mouth. If you present with an infection during your routine cleaning appointment, it may be necessary for more extensive treatment to be performed. The dental hygienist will stop the routine cleaning and explain to you alternative treatment plans including nonsurgical cleaning below the gum line, placement of an antibiotic below the gum line, or a gross debridement (two part cleaning). If further treatment such as gum surgery and/or extractions are necessary, a comprehensive periodontal exam will be scheduled with our periodontist. The success of any periodontal treatment depends in part on your efforts to brush and floss daily, receive regular cleanings as directed, follow a healthy diet, avoid tobacco products, and follow any other recommendations. Some bleeding after deep cleanings or scaling under the gum line can occur, however, should it persist and if it is severe in nature, the office should be contacted. Untreated periodontal disease may have a future adverse effect on the long term success of dental restoration work.

Crowns, Bridges, and Veneers. It is not always possible to match the color of natural teeth exactly with artificial teeth. A temporary crown will be made after the initial preparation appointment. Temporary crowns may come off and you should be careful chewing on them until the permanent crowns are delivered. If a temporary crown should fall off, call the office immediately. The final opportunity to make changes on crowns, bridges, or veneers (including shape, fit, size, placement, and color) will be done before permanent cementation. In some cases, crowns, bridges, and veneer procedures may result in the need for future root canal treatment, which cannot always be predicted or anticipated. After a crown, bridge, or veneer is permanently cemented, sometimes your bite may feel high and you may need to return to have the bite adjusted or fixed. Modification of daily cleaning procedures may be required, and if so, will be explained to you by the provider.

Temporomandibular Joint Dysfunction (TMD). Symptoms of popping, clicking, locking, and pain can intensify or develop in the joint of the lower jaw (near the ear) subsequent to routine dental treatment when the mouth is held in the open position. However, symptoms of TMD associated with dental treatment are usually temporary in nature and well tolerated by most patients. If the need for treatment should arise, you will be referred to a specialist, the cost of which is your responsibility.

2. **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.
3. **ALLERGIES/MEDICATION.** I have informed the Dentist of any known allergies I may have. I understand that antibiotics, analgesics, and other medications can cause allergic reactions causing redness and swelling of tissues; pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). They may cause drowsiness and 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 effects of the anesthetic or medication that may have been given to me in the office for my care. I understand that failure to take medications prescribed to me as directed may offer risks of continued or aggravated infection, pain, or a negative result on the outcome of my treatment. I understand that antibiotics can reduce the effectiveness of oral contraceptives (birth control pills).
4. **CONSENT.** I have read each paragraph above and consent to recommended treatment as needed. I understand the anticipated benefits and commonly known risks and complications of each procedure. I also understand that regardless of any dental insurance coverage I may have, I may be responsible for payment of the dental fees.

Patient Signature: _____ **Date:** _____

Print Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____