

GENERAL DENTAL TREATMENT CONSENT FORM

It is very important to provide your dentist with accurate information before, during, and after treatment. It is equally important to follow your dentist's advice and recommendations regarding medications, pre- and post-treatment instructions, referrals to other dentists or specialists, and 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 checked below and read and sign the bottom of the form

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

I understand that 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 periodically thereafter, or as needed, I may require radiographs in order to complete the examination, diagnosis, and treatment plan. Initials _____

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, or find that it reduces their ability to control swallowing. This 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, temporary or permanent nerve injury can result from an injection.

Initials _____

3. BASIC FILLINGS AND RESTORATIONS

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

Initials _____

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 and that I must be careful to ensure that they are kept on until the permanent crowns are delivered. I realized 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 cleaning procedures.

Initials _____

___5. 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 the ear, neck and head, nausea, allergic reactions, itching, bruises, delayed healing, sinus complications, and further surgery. Initials_____

___6. 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. Initials_____

___7. ALTERNATIVES

I understand that I have the right to choose, on the basis of adequate information, from alternate treatment plans that meet professional standards of care. I have no further questions. Initials_____

Patient Signature

Date

Dentist Signature

Date