

- INFORMED CONSENT FORM -

While dental treatments have high degrees of clinical success, they are biological procedures, and as such they cannot be guaranteed. I understand that success and longevity of any dental treatment or surgery depends on many factors including my overall general health, medications, oral hygiene, regular dental check-ups, diet, participation in dangerous sports, trauma, and unconscious clenching and grinding at night. Due to these factors, I understand that no guarantee can possibly be assumed.

Patient signature: _____

I understand that the long-term success of treatment and status of my oral condition depends heavily on my own effort at proper oral hygiene and maintaining regular recall dental visits (every 6 months). I understand that periodontitis is a serious gum disease, causing gum and bone inflammation and/or loss, and that can lead to loss of my teeth and other complications. Occasionally, treated teeth may require extractions.

IF REMOVAL/EXTRACTION OF TOOTH is required, I understand that my potential risks include, but are not limited to, the following:

- A. Post operative pain; swelling; prolonged bleeding; tooth sensitivity to hot or cold; tooth loosening; delayed healing (dry-socket) and/or infection (requiring prescriptions or additional surgery).
- B. Injury to adjacent teeth, caps, filling, or injury to other tissues.
- C. Limitation of opening; stiffness of facial and/or neck muscles, temporomandibular joint (jaw joint) difficulty (possibly requiring physically therapy or surgery)
- D. Possible bone fracture, which may require wiring or surgical treatment.
- E. Opening of the sinus (a normal cavity situated above the upper teeth) requiring additional surgery.
- F. Injury to the nerve underlying the teeth resulting in itching, numbness, or burning of the lip, chin, gums, cheek, teeth, and/or tongue on the operated side; this may persist for several weeks, months, or, in rare instances, permanently.

If any unforeseen condition should arise during the course of an operation, I authorize the doctor to do whatever (s)he may deem advisable, including referral to another dentist or specialist. I also understand the cost of this referral would be my responsibility.

DRUGS, MEDICATIONS, AND ANESTHESIA - I understand that antibiotics, analgesic, and other medications may cause adverse reactions, some of which are, but are not limited to itching, vomiting, drowsiness, dizziness, and cardiac arrest. I have been advised not to consume alcohol, nor operate any vehicle or hazardous device while taking medications, and/or drugs, until fully recovered from their effects.

FILLINGS - I understand that with time and use, fillings will need to be replaced due to gradual wear or fracture of material. In cases where very little tooth structure remains, or if any pain or sensitivity persists, I may need to receive more extensive treatment, such as root canal therapy, post and core build-up, and crowns.

ENDODONTIC TREATMENT (ROOT CANAL THERAPY) - I understand that Root Canal Therapy is a procedure to postpone the loss of teeth which may otherwise require extraction, and as such it cannot be guaranteed. I understand that small instruments used to do root canals can and do (on rare occasions) break inside the tooth, which may adversely affect treatment outcome. Occasionally, a tooth which has had root canal may require retreatment, surgery, or even extraction. If an "open and medicate" procedure is performed, I understand that this not a final treatment, and I need to pay for, and finish final root canal therapy. If root canal treatment is not finalized I expose myself to infection and/or tooth loss. I understand that any tooth with root canal treatment is prone to fracture, and thus should be protected with a crown or a bridge.

CROWN AND BRIDGE - Although crowns and bridges are made of highly durable material, it is still possible to chip or break them. Unobservable crack may develop in crowns, but crowns/bridges may not actually break until chewing soft foods, or for no apparent reason. Small chips can be repaired, while larger cracks may require new crown or bridge. If sensitivity or pain persists, the tooth involved may require root canal therapy at additional costs.

DENTURES - Persistent sore spots should be immediately examined by the doctor. I understand that surgical intervention such as bone recontouring or implants may be needed for dentures to be properly fitted. I also understand that due to bone loss or other complicating factors, I may never be able to wear dentures to my satisfaction.

I UNDERSTAND THAT NO GUARANTEE OR ASSURANCE HAS BEEN MADE THAT ANY GIVEN TREATMENT WILL BE CURATIVE AND/OR SUCCESSFUL. I AGREE TO COOPERATE COMPLETELY WITH THE RECOMMENDATIONS OF THE DOCTOR WHILE I AM UNDER HER/HIS CARE, REALIZING THAT ANY LACK COULD RESULT IN LESS THAN OPTIMUM RESULTS. I CERTIFY THAT I HAVE HAD AN OPPORTUNITY TO READ AND FULLY UNDERSTAND THE TERMS AND WORDS WITHIN THE ABOVE, AND CONSENT TO TREATMENTS.

Patient/Guardian signature: _____ Date: _____

Print Name: _____ Print Guardian's name: _____
(Patient name) (Legal Representative or guardian)

Doctor: _____ Witness: _____ Date: _____