DENTISTRY INFORMED CONSENT

Office _____ Patient _____ Age _____

Guardian _____

1. WORK TO BE DONE

I understand that I am having the following work done: Fillings ( ), Crowns ( ), Extractions ( ), Impacted teeth removed ( ), Root Canals ( ), X-rays ( ), Dentures ( ), Laser Surgery ( ), Implants ( ), General Anesthesia ( ). (Initials ____)

2. SURGERY DRUGS AND ANESTHESIA

I have been informed of the possible risks and complications involved with surgery, drugs and anesthesia. Such complications include pain, swelling, spread of infection, dry socket and discoloration. Numbness of the lip, tongue, chin, cheek or teeth and surrounding tissue (paresthesia) may occur. The exact duration may not be determinable and may be irreversible. Also possible are inflammation of a vein, injury to teeth present, bone fractures, sinus penetration, delayed healing, allergic reactions to drugs or medication used, etc. I agree to the type of anesthesia, depending on the choice of the doctor. I agree not to operate a motor vehicle or hazardous device for at least 24 hours until fully recovered from the effects of the anesthesia or drugs given for my care. The drugs are: _____

_____ (Initials____)

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 examination. I give my permission to the Dentist to make any/all changes and additions as necessary. (Initials ___)

4. REMOVAL OF TEETH

Alternatives to removal have been explained to me (root canal therapy, crowns, periodontal surgery, etc.) and I authorize the Dentist to remove the following teeth _____

I understand I may need further treatment by a specialist if complications arise during or following treatment, the cost of which is my responsibility. (Initials ___)

5. CROWNS, BRIDGES AND CAPS

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 realize the final opportunity to make changes in my new crown, bridge or cap (including shape, fit, size and color) will be before cementation. It is also my responsibility to return for permanent cementation within 20 days from tooth preparation. Excessive delays may allow for tooth movement. This may necessitate a remake of the crown, bridge or cap. I understand there will be additional charges for remakes due to my delaying permanent cementation. (Initials ____)

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 beyond the tooth which does not necessarily effect the success of the treatment. I understand that endodontic files and reamers are very fine instruments and stresses vented in their manufacturing can cause them to separate during use. I understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy). I understand that the tooth may be lost in spite of all efforts to save it. (Initials ____)

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 the loss of my teeth. Alternative treatment plans have been explained to me, including gum surgery, artificial bone grafting and/or extractions. I understand that postponing any dental procedures may have a future adverse effect on my periodontal condition. (Initials ____)

8. FILLINGS

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 than originally diagnosed may be required due to additional decay. I understand that significant sensitivity is a common after effect of newly placed fillings. (Initials ____)

9. DENTURES

I understand the wearing of dentures is difficult. Sore spots, altered speech and difficulty in eating are common problems. Immediate dentures (placement of denture immediately after extractions) may be painful and require considerable adjusting and relines. (Initials ____)

10. IMPLANTS

My dentist has carefully examined my mouth. Alternatives to this treatment have been explained. I have tried or considered these methods, but I desire the recommended treatment with DENTAL IMPLANTS. It has been explained that in some instances these treatments fail and additional treatment may be required. I have been informed and understand that the practice of dentistry is not an exact science; no guarantees or assurance as to the outcome of results of treatment or surgery can be made. I have read the supplemental Implant information form. (Initials ____)

11. HEALING

I understand that excessive smoking, alcohol or sugar may effect the healing and may limit the success of my treatment. I agree to follow my doctor's home care instructions and to report for regular examinations as instructed. (Initials ____)

12. VISUAL AIDS

The following visual aids were used to help me understand the procedures I have chosen. They were: Models ___, Pamphlets ___, Illustrations ____, Demonstration _____ by _____

(Initials ____)

I hereby authorize the doctors and dental auxiliaries to proceed with and perform the dental restorations and treatments as explained to me. I understand that this is only an estimate and 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 dental fees. I agree to pay any attorney's fees, collection fees, interest or any costs that may be incurred.

_____	_____
Print patients name and chart #	Interpreter
_____	_____
Signature of Patient or Guardian	Date
_____	_____
Signature of Doctor	Date