

# GENERAL DENTAL TREATMENTS INFORMED CONSENT

1. Work to be completed  
I understand that I am having one or more of the dental treatment completed such as (1) Fillings and/or (2) Bridges and/or (3) Crowns and/or (4) Extraction and/or (5) Impacted teeth and/or (6) Root Canal and/or (7) Anesthesia and/or (8) Dentures and/or

(9) Other: \_\_\_\_\_

## 2. Drugs and Medications

I understand that antibiotics and analgesics and other medications can cause allergic reactions causing redness and swelling of the tissues, pain, itching, vomiting and/or anaphalactic shock (severe allergic reaction).

## 3. Changes in Treatment Plan

I understand that during treatment it may be necessary to change or add procedures because of condition, 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.

## 4. Removal of teeth

Alternatives to removal have been explained to me (root therapy, crowns and periodontal surgery etc.) and I authorize the Dentist to remove the teeth (per treatment's informed consent) and any other necessary for reason in paragraph #3. I understand removing teeth does not always remove all the infection, if present, and it may be necessary to have further treatment. I understand the risks involved its having teeth removed, some of which are pain, swelling, spread of infection, dry sockets, loss of feeling in my teeth, lips, tongue and surrounding tissue (Parasesthesia) that can last for an indefinite period of time (days or months) or fracture jaw. I understand I may need further treatment by a specialist or even hospitalization if complications arise during or following treatment.

## 5. Anesthesia

I realize the risks in receiving an anesthetic, some of which are upset stomach, dizziness, vomiting, sore arm, inflamed vessels of the arm, adverse reactions to drugs causing cardiac arrest, miscarriage, dislodging or chipping teeth and jaw bone.

## 6. Crowns and Bridges

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 kept on until the permanent crowns are delivered

## 7. Complete or Partial dentures

I realize that full or partial dentures are artificial, constructed of plastic, metal, and/or porcelain. The problems of wearing these appliances have been explained to including looseness, soreness, and possible breakage, and relining due to tissue change.

## 8. Endodontic treatment

I realize there is no guarantee that a root canal treatment will save my tooth and that complication can occur from the treatment and that occasionally metal objects are cemented to the tooth or extended through the root which does not necessarily affect the success of the treatment.

## 9. 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 and other complications. The alternative treatment plans have been explained to me including gum surgery, replacements and/or extractions. I understand that although these treatments have a high degree of success. It cannot be guaranteed. Occasionally, treated teeth may require extraction.

## 10. Fillings

I have been advised by the Dentist that the silver amalgam restoration is an acceptable procedure according to ADA guidelines and the advantage and disadvantage of alternate materials has been explained to me.

## 11. General informed consent

I know that the practice of Dentistry and surgery is not an exact science and that therefore reputable practitioners cannot properly guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the treatment which I have requested and authorized. I also understand that it is my responsibility to inform the Dentist if I am having any problems during the following treatment so as to allow him/her help, minimize any problems.

I also understand that alternative and possible reactions have been explained to me in clearly and in detail. Complications, Such as infection, hemorrhage and/or bleeding, scarring, contraction, possible deformities, prolong healing time over the estimate, reaction to any drugs before, during and after surgery, numbness or itching of the tongue, lip, teeth, tissues (Parasesthesia), fractured jaw, etc. Have been clearly explained to me.

I hereby request and authorize the Dentists and their staff to perform dental work upon me for the purpose of attempting to improve my appearance, function and the health of my mouth, teeth, bone and tissue as explained above. The effect and nature of the proceeding to be performed and the risks involved as well as the possible alternative methods of treatment have been fully explained to me.

Patient's signature: \_\_\_\_\_

Date: \_\_\_\_\_