GENERAL DENTISTRY
INFORMED CONSENT

1- Work to be done: I understand that I am having the following work done; (Mark with an X)

○ **Filling** ○ **Bridges** ○ **Crowns** ○ **X-Rays** ○ **Extractions** ○ **Impacted teeth removed**
○ **Root canal** ○ **Dentures** ○ **Other:**_____

(Initials:_____)

2- Drugs and medication: 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.

(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 could not be discovered or known during the examination. For example, the need for root canal therapy because the decay was deeper than it looked on an x-ray. I give my permission to my dentist to make any/all changes and additions as necessary after I am informed.

(Initials:_____)

4- Removal of teeth: Alternatives to the extraction of teeth have been explained. Such alternatives could have been root canal therapy, crowns, or periodontal surgery I understand the removing of teeth does not always remove all the infection, if present, and it may be necessary to have further treatment. I understand the risks involved in having teeth removed, some of which are pain, swelling, the spread of infection, fractures in the root and jaw, I understand I may need further treatment by a specialist if complications arise during or following the treatment, the cost for 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 crown are delivered. I realize the final opportunity to make changes in my new crowns, bridges, or caps (including, shape, fit, and color) will be before cementation.

After having multiple crowns, veneers, or bridges it is common to need minor occlusal adjustments the days after final cementation. Sometimes, at your cementation appointment, anesthesia or just the fact of having something new in your mouth can prevent you from feeling completely your bite. Especially if you went under several dental procedures. But once you start chewing with your new crowns you can start feeling some high spots or interferences that were not noticeable by you or the dentist at the dental chair. Due to this, we usually give you the last check-up appointment. Nevertheless, sometimes due to travel plans and timings, there's no chance to have this last appointment. In these cases, if you feel a high spot or some interferences while chewing/biting, you will need to go to your local dentist to have a re-check and adjustment. These expenses will have to be cover by you.

(Initials:)

6- Endodontic treatment (root canal): I realize there is no guarantee that root canal therapy will save my teeth, and that complications can occur from the treatment. Such complications could be filling material extruded out of the canal, breakage of files, perforations, missed root canal anatomy. Many of

these complications rarely happen in the hands of a specialist nevertheless they could. I understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy). I understand that the tooth may be lost despite all efforts to save it.

(Initials:_____)

7-Periodontal treatment (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, replacements, and/or extractions. I understand that undertaking any dental procedure may have a future adverse effect on my periodontal condition.

(Initials:_____)

8- Fillings: I understand that sensitivity is common after a newly placed filling. Sometimes a cavity can be deeper than it looked on an x-ray, making a filling deeper than it was the plan, this could result in greater sensibility and even needing a root canal treatment.

(Initials:_____)

9- Dentures: I understand the wearing dentures is difficult. There is an adaptation period where I might experience soreness, swollen gums, pain in gums, difficulty in eating or talking. When going under implant surgery immediate temporal dentures are placed. These dentures will require considerable adjustments and relines because your tissues are going through inflammatory changes. A permanent denture will be needed later. This is not included in the denture fee. I understand it is my responsibility to return for delivery of the dentures. I understand that failure to keep my delivery appointment may result in poorly fitted dentures. If a remake is required due to my delay, there will be additional charges.

(Initials:)

Reputable practitioners cannot properly guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment which I have requested and authorized.

INFORMED CONSENT

I hereby authorize any of the doctors or 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 treatment. I understand that regardless of any dental insurance coverage I may have, I am responsible for payment of the dental fees. I agree to pay any attorney's fees, or court costs, that may be incurred to satisfy this obligation.

Name and Signature of Patient:_____

Name and Signature of Dentist:_____

Witness to Signature:_____ **Date:**_____