W72 WESTSIDEDENTAL
Implant & General Dentistry

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GENERAL DENTISTRY INFORMATION CONSENT

Print Patient's Full Name Date

Place your initials on each paragraph after reading. If you have any questions, please ask your doctor BEFORE placing your initials.

1. **I understand that I am having the following done:**
   X-Ray(s) &/or Exam Prophylaxis (Cleaning), Filling(s), Root Canal(s), Periodontal Treatment, Crown(s), Bridge(s), Dentures, Extraction(s)

   Initials: _____

2. **Drugs and Medications:**
   I understand that antibiotics, anesthetics, analgesics, and other medications can produce allergic reactions causing redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock. Some medication that I might be currently taking could produce undesired effects or interfere with the normal process of healing (for example, aspirin could produce excessive bleeding during extraction, etc.) I understand that filling the health questionnaire out to the best of my knowledge is important in order to be prepared for any recommended procedure.

   Initials: _____

3. **Administration of Local Anesthesia:**
   I understand that there is always a slight risk of injury to the nerves during an injection. This may result in numbness or tingling of the lip, chin, gums, cheek, teeth, and/or tongue on the operated side. This may persist for several weeks, months, or in extremely remote instances, may be permanent. Localized damage may also occur to some of the small blood vessels located in the area of the injection. This may result in swelling and/or bruising in the area. This usually subsides in 7-10 days without further symptoms.

   Initials: _____

4. **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 the examination; for example, root canal therapy following routine restorative procedures or extraction of a tooth previously treated with root canal treatment. The dentist will explain all changes.

   Initials: _____

5. **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 a newly placed filling. If the sensitivity continues, I understand that a root canal may be needed, even though the tooth may not have hurt prior to the fillings being done. I understand that sometimes it is not possible to match the color of natural teeth exactly with white fillings, especially when replacing existing metal fillings.

   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 root canal filling material may extend beyond the root, which does not necessarily affect the success of the treatment. I understand that endodontic files and reamers are very fine instruments, and stresses vented in their manufacture 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, despite all efforts to save it.

   Initials: _____

7. Periodontal Treatment:

I understand that I have a serious condition, causing gum and bone inflammation that can lead to the loss of teeth. Alternative treatment plans have been explained to me, including deep cleaning, gum surgery, locally administered antibiotics, bone replacement, and/or extractions. I also understand that the success of the periodontal treatment depends not only on the procedure performed but also on the daily personal (brushing and flossing).

Initials: _____

8. Crowns, Bridges, Caps, and Implant Restorations:

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 cause tooth movement or recurrent decay. This may necessitate a remake of the crown, bridge, or cap. I understand that a root canal may be needed, even though the tooth may have not hurt prior to the crown or bridge having been done. I understand there will be additional charges for remakes due to my delaying permanent cementation. I understand that the remaking of the existing crown or bridge implies certain risks like pulp involvement, fracture of the root, etc., that could lead to further unexpected procedures.

Initials: _____

9. Dentures (Full or Partial):

I understand that wearing dentures is difficult. Sore spots, altered speech, and difficulty in eating are common problems with new dentures. The ability to adapt to removable dentures varies widely. In some cases, a patient cannot or will not be able to use the device through no fault of fabrication. Immediate dentures (placement of dentures immediately after extractions) may be painful. Immediate dentures may require considerable adjusting and several relines. A permanent reline will be needed later. This is not included in the denture fee. I understand that 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 of more than 30 days, there will be an additional charge.

Initials: _____

10. Extraction of Teeth:

Alternatives, benefits, and consequences to the removal of the teeth (root canal therapy, crowns, and periodontal surgery, etc.) have been explained to me. I authorize the dentist to extract the following tooth (teeth) #'s _____. If any other extractions are necessary, the dentist will explain them according to paragraph #4 before the procedure. I understand extracting teeth may 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 extracted, some of which are pain, swelling, and spread of infection, dry socket, loss of feeling in my teeth, lips, tongue, and surrounding tissue (Paresthesia) that can last for an indefinite period of time or fractured jaw. I understand that I may need further treatment by a specialist if complications arise during or following treatment, the cost of which is my responsibility.

Initials: _____

I understand that dentistry is not an exact science and, therefore, 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. I understand that regardless of any dental insurance coverage I may have, I am responsible for the payment of dental fees. I agree to pay attorney fees, collection fees, or court costs that may be incurred to satisfy this obligation.

_____

Patient or Legal Representative Signature Date