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| Name: | Social Security No.: |
| <h1>CONSENT FOR DENTAL TREATMENT</h1> | |
| <p><u>X-RAYS</u></p> <p>BENEFITS: <i>More complete diagnosis</i> <i>Hidden problems may be discovered</i> <i>Better determination of proper treatment</i> <i>Only done by qualified, trained personnel</i></p> <p>POSSIBLE COMPLICATIONS: <i>Minimal exposure to X-ray radiation</i> <i>X-rays remain property of dental office</i></p> <p>CONSEQUENCES NO WORK DONE OR POSTPONING IT: <i>Dental services cannot be performed</i></p> <p>ALTERNATIVES: <i>None</i></p> <p><u>CLEANING – SCALING</u></p> <p>BENEFITS: <i>Teeth look nicer</i> <i>Mouth is cleaner</i> <i>Eliminates odors</i> <i>Prevents gum disease</i> <i>Some portions of treatment may be done by auxiliary personnel</i></p> <p>POSSIBLE COMPLICATIONS: <i>Sensitive teeth</i> <i>Feeling of spaces between teeth</i> <i>Filling may be loosened (normal if filling is weakened)</i> <i>Sensitive gums</i></p> <p>CONSEQUENCES OF NO WORK DONE OR POSTPONING IT: . <i>Stains on teeth</i> <i>Odors</i> <i>Gum disease</i> <i>Teeth will be lost sooner</i></p> <p>ALTERNATIVES: <i>None</i></p> <p><u>LOCAL ANESTHETICS</u></p> <p>BENEFITS: <i>Avoid pain during treatments and procedures</i></p> <p>POSSIBLE COMPLICATIONS: <i>Numbness may be prolonged</i> <i>Nerve damage: Bruising (hematoma)</i> <i>In extremely RARE instances, consequences may include all those applicable to General Anesthesia, including allergic reactions up to and including death</i></p> <p>CONSEQUENCES OF NO WORK DONE OR POSTPONING IT: <i>. Mild to severe pain during and after treatment</i></p> <p>ALTERNATIVES: <i>Willingness to accept pain during treatment</i></p> | <p><u>FILLINGS</u></p> <p>BENEFITS: <i>Eliminate decay</i> <i>Relieve pain</i> <i>Fill in a hole or space in a tooth</i> <i>Cover eroded areas</i> <i>Protect a sensitive surface</i></p> <p>POSSIBLE COMPLICATIONS: <i>Tooth may abscess from the filling</i> <i>Filling may fracture the tooth</i> <i>Teeth sensitive to temperature change</i> <i>Filling may fall out</i></p> <p>CONSEQUENCES NO WORK DONE OR POSTPONING IT: <i>May lose the tooth; Tooth may fracture</i> <i>Pain will get worse; Decay will get larger</i> <i>Could cause the need for root canal work</i></p> <p>ALTERNATIVES: <i>Temporary filling; Extractions</i></p> <p><u>BONDED FACINGS</u></p> <p>BENEFITS: <i>Aesthetics - they look nice</i> <i>Cover crooked teeth</i> <i>Close spaces and gaps</i> <i>Cover discolored teeth</i></p> <p>POSSIBLE COMPLICATIONS: <i>Edges can stain and need freshening (additional fee)</i> <i>Breakage can occur requiring a remake</i> <i>Difficult to remove</i></p> <p>CONSEQUENCES OF NO WORK DONE OR POSTPONING IT: <i>None (other than appearance)</i></p> <p>ALTERNATIVES: <i>Crowns</i></p> <p><u>EXTRACTIONS</u></p> <p>BENEFITS: <i>Last resort for an unsalvageable tooth</i> <i>Eliminate pain</i> <i>Remove teeth that are out of position</i> <i>Eliminate injection</i></p> <p>POSSIBLE COMPLICATIONS: <i>Fractured particles may remain</i> <i>Irritation to nerves may cause temporary or permanent numbness</i> <i>Part or all of tooth may be lodged in sinus, requiring more surgery</i> <i>Injections may take a long time to clear up</i> <i>Jaw stiff and difficult to open for a time</i> <i>Jawbone may fracture if it is weak</i></p> <p>CONSEQUENCES NO WORK DONE OR POSTPONING IT: <i>Spread of infection; Swelling; Pain</i></p> <p>ALTERNATIVES: <i>None</i></p> |
| <i>(CONTINUED ON REVERSE SIDE)</i> | |

ROOT CANAL

BENEFITS:

*Eliminates infection
Relieves pain;
Saves teeth*

POSSIBLE COMPLICATIONS:

*Undiagnosable root fracture means failure and extraction
Undiagnosable auxiliary canal means failure and extraction
Inability to fully eliminate infected nerve means failure and extraction
Some root canals fail, requiring extractions*

CONSEQUENCES OF NO WORK DONE OR POSTPONING IT:

Extraction of tooth

ALTERNATIVES:

*Extraction
Bridgework*

CROWNS – CAPS

BENEFITS:

*You will look nicer (cosmetic)
Repair a badly broken down tooth
Prevent a tooth from fracturing
Restore a broken tooth
Eliminate a space where food can be trapped
Hold a false tooth in place as part of a bridge
Make a solid structure to attach a partial denture
Splint loose teeth together for added strength
Useful when a tooth can no longer be filled*

POSSIBLE COMPLICATIONS:

*Porcelain portion of crown may fracture
Crown may detach and need recementing
Tooth may abscess and require further treatment (may not show up until later)
Future decay may require filling or a new crown*

CONSEQUENCES OF NO WORK DONE OR POSTPONING IT:

*Tooth will probably fracture
Tooth may need to be extracted
May need root canal in addition to crown
Bridgework or dentures may be needed*

ALTERNATIVES:

*Extraction; Temporary crown;
Steel crown.*

BRIDGEWORK

BENEFITS:

*You will look nicer; Replaces missing teeth
Missing teeth are not removable
Some of the same advantages as Crowns
Can improve chewing efficiency*

POSSIBLE COMPLICATIONS: *Same as Crowns - Caps*

CONSEQUENCES NO WORK DONE OR POSTPONING IT:

*Teeth will drive and lean
Backteeth may be loose due to shifting
Periodontal problems <gum disease)
Can reduce chewing efficiency*

ALTERNATIVES:

Partials; Temporary partials; No teeth in spaces

PARTIALS (REMOVABLE BRIDGEWORK.)

BENEFITS: *Cost*

POSSIBLE COMPLICATIONS:

*Can produce wear on natural, teeth
Can rock, stress, and/or loosen teeth
Metal clasps are sometimes visible
Decay can occur under clasps
Usually some movement from the partial*

CONSEQUENCES OF NO WORK DONE OR POSTPONING IT:

Same as described under Bridgework

ALTERNATIVES:

*Bridgework
Temporary partials
Keep spaces without teeth placement*

GUM SURGERY (GINGIVECTOMY)

BENEFITS:

*Eliminates infection
Reduces food pockets around teeth
Eliminates foul odors; Reduces overgrown tissue
Can effectively eliminate tartar*

POSSIBLE COMPLICATIONS: *May need to be repeated later, May experience some after pain, Lost teeth if no response to treatment*

CONSEQUENCES OF NO WORK DONE OR POSTPONING IT:

Teeth will be lost sooner, May not completely clear up infection

ALTERNATIVES:

More frequent treatments for scaling.

I have read the above statements and have received a copy of them. I recognize their importance in helping me make decisions. I know that failures can occur for various reasons and that any procedure can result in complications. I also understand that, where decay has occurred or a tooth has fractured or abscessed, these same forces are still working on the tooth after it has been restored. Therefore, decay or fracture can still occur because the restored tooth is no better than what nature gave in the first place.

I hereby grant authority to the Dentist in charge to administer such an- esthetics, analgesics, medications, sedatives, diagnostic films, or to perform such procedures as may be: deemed necessary or advisable in the diagnosis and/or treatment. I understand that the use of an anesthetic agent entails certain risks. I also certify that the information I submitted to the Health History Registration Form I submitted is true and complete.

In order to receive treatment, I contract that in the event of any difference or disagreement between the attending Dentist and me I will give that Dentist an opportunity to resolve the problem. If we are unable to agree on a solution, then I agree to take the problem to a reconciliation board, such as the Dental Society or California State Consumer Affairs Board of Dental Examiners and agree further to accept their resolution in lieu of pursuing remedies by way of litigation. I am aware that this will help to keep the costs of treatment and services as low as possible. I also understand that this agreement is binding on my heirs and all other family members.

SIGNATURE OF PATIENT OR GUARDIAN:

DATE: