

## Informed Consent

I understand that by signing below and initialing any of the following items that I request and authorize the procedure to be done and have read and understand the possible risks and complications of the procedure(s).

### 1) X-Rays and Examination

I understand that I will be receiving a dental examination from a licensed dentist. I understand that while X-rays are taken on my teeth that I will be exposed to a minimal amount of radiation as part of the necessary requirements to complete a thorough and comprehensive examination. I also understand that if I am pregnant the lead apron used will block the radiation from the baby.          **initial**

### 2) Changes in Treatment Plan

I understand that during treatment it may be necessary to change procedures or add procedures because of conditions discovered while treating teeth that were not found during examination. I understand that there may be unforeseen changes that may occur during treatment. I understand that whenever possible, I will be informed of any treatment changes in advance. I give my permission to the Dentist to make any and/or all changes and additions as necessary.          **initial**

### 3) Drugs and Medication

I understand that antibiotics, analgesics and other medications can cause allergic reactions. The reactions can cause redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock.          **initial**

### 4) Oral Surgery (Removal of Teeth and Implant Surgery)

Alternatives for tooth removal have been explained to me (root canal therapy, crowns, dentures, dental implants and periodontal surgery) and I authorize the Dentist to remove the following teeth          and any others necessary for reasons in paragraph #2. 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 following risks involved in having teeth removed and/or implant surgery; these are pain, spread of infection, dry socket, swelling, fractured jaw, loss of feeling in my teeth, lips, tongue, and surrounding tissue that can last for an indefinite period of time. I understand I may need further treatment by a specialist.          **initial**

### 5) Crowns and Bridges

I understand that I may be wearing temporary crowns, and that I must be careful to ensure that they are not removed until the permanent crowns are delivered. I must return to the dentist for permanent cementation within 20 days from tooth preparation. Unless an alternative recommendation has been made, extended delays between the time of tooth preparation and crown cementation may allow for tooth movement, accumulation of bacteria, and/or infection of tooth structure and the surrounding tissues. This may necessitate the need to remake the crown, cap, or bridge, and even could lead to tooth loss. I understand there will be additional charges for remakes due to my delaying permanent cementation.          **initial**

### 6) Root Canals/Endodontic Treatment

I understand that there is no guarantee that root canal treatment will save my tooth, and that complications can occur from the treatment and that endodontic files and reamers can separate during use. I understand occasionally additional surgical procedures may be necessary following root canal treatment.          **initial**

### 7) Periodontal Loss

I understand that I have a condition that causes 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.          **initial**

### 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 a root canal may be needed, even though the tooth may not have hurt prior to the filling being done.          **initial**

### 9) Dental Implants and Grafts

Alternative options to implant treatment have been offered. The placement of dental implants may require additional treatments such as gum graft and/or bone graft. I further acknowledge that the graft materials may be from a human donor, synthetic or an animal source. All the materials used in conjunction with these procedures comply with government regulations. After the placement of implants I will maintain a 3 - 4 month periodontal maintenance intervals by a dentist or a dental hygienist to help ensure the health of the gum tissue around the implants and the adjacent teeth.          **initial**

Signature of Patient \_\_\_\_\_ Signature of Dentist \_\_\_\_\_ Date \_\_\_\_\_