

PATIENT CONSENT TO TREATMENT

In reading and signing this form it is understood that English is the language that I understand and use to communicate.

1. DRUGS, MEDICATIONS, AND ANESTHESIA:

I understand that antibiotics, analgesics, and other medications may cause adverse reactions, some of which are, but not limited to, redness and swelling of tissues, pain, itching, vomiting, dizziness, miscarriage, cardiac arrest

I understand that medications, drugs, and anesthetics may cause drowsiness and lack of coordination, which can be increased by the use of alcohol or other drugs. I have been advised not to consume alcohol, nor operate any vehicle or hazardous device while taking medications and/or drugs, or until fully recovered from their effects (this includes a period of at least twenty four (24) hours after my release from surgery).

I understand that occasionally, upon injection of a local anesthetic, I may have prolonged, persistent anesthesia, numbness, and/or irritation to the area of injection.

I understand that if I select to utilize Nitrous Oxide, 'Atarax', Chloral hydrate, Zanax, or any other sedative, possible risks include, but are not limited to, loss of consciousness, obstruction of airway, anaphylactic shock, cardiac arrest. I understand that someone needs to drive me home from the dental office after I received sedation. I also understand that someone needs to watch me closely for a period of 8 to 10 hours, following my dental appointment, to observe for possible deleterious side effects, such as obstruction of airway

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2 HYGIENE AND PERIODONTICS (TISSUE AND BONE LOSS):

I understand that the long term success of treatment and status of my oral condition depends on my efforts at proper oral hygiene (i.e. brushing and flossing) and maintaining regular recall visits.

PERIODONTICS- I understand that I have a serious condition, causing gum and bone inflammation and/ or loss, and that it can lead to loss of my teeth and other complications. The various treatment plans have been explained to me, including gum surgery, replacements and/ or extractions. I also understand that although these treatments have degree of success, they cannot be guaranteed. Occasionally, treated teeth may require extraction.

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3. CROWN AND BRIDGE (CAPS):

I understand that sometimes it is possible to match the color of natural teeth exactly with artificial teeth. I understand that at times, during the preparation of a tooth for a crown, pulp exposure may occur, necessitating possible root canal therapy.

I understand that like natural teeth, crowns and bridges need to be kept clean, with proper oral hygiene and periodic cleanings, otherwise decay may develop underneath and/or around the margins of the restoration, leading to further dental treatment

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4. DENTURES- COMPLETE OR PARTIAL

The problem of wearing dentures has been explained to me including looseness, soreness, and possible breakage, and relining due to tissue change. Follow-up appointments are an integral part of maintenance and success of a prosthetic appliance. Persistent sore spots should be immediately examined by the doctor.

I further understand that surgical intervention (i.e. tori (bone) removal, bone recontouring, or implants) may be needed for dentures to be properly fitted. I also understand that due to bone loss or other complicating factors, I may never be able to wear dentures to my satisfaction.

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5. Endodontic Treatment (Root Canal Therapy):

The purpose and method of root canal therapy have been explained to me, as well as reasonable alternative treatment, and the consequences of non-treatment. I understand that the following root canal therapy my tooth will be brittle and must be protected against fracture by placement of a crown (cap) over the tooth.

- Post treatment discomfort lasting a few hours to several days for which medication will be prescribed if deemed necessary by the doctor.
- Post treatment swelling of the gum area in the vicinity of the treated tooth or facial swelling, either of which may persist for several days or longer.
- Infection
- Restricted jaw opening
- Breakage of root canal instruments during treatment, which may in the judgment of the doctor be left in the treated root canal or bone as part of the filling material, or it may require surgery for removal.
- Perforation of the root canal with instruments, which may require additional surgical treatment or result in premature tooth loss or extraction.
- Risk of temporary numbness in treatment area.

If an "open and medicate" or pulpotomy procedure is performed. I understand that this is not permanent treatment, and I need to pay for, and finish final root canal therapy. If root canal treatment is not finalized I expose myself to infection and/or tooth may have to be extracted

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6. FILLINGS: I have been advised of the need for fillings, either silver or composite (plastic), to replace tooth structure lost to decay. I understand that with time fillings will need to be replaced due to wearing of material. In cases where very little tooth structure