

Magnolia Dental

family dentistry

Dental Treatment Consent Form

1. Treatment To be done

I understand that I am to have dental work done as detailed in the attached treatment plan.

2. Drugs and Medication

I understand that antibiotics, analgesics, and other medications can cause allergic reactions such as redness and swelling of tissues, pain, itching, vomiting, and /or anaphylactic shock (severe allergic reaction). I have informed the dentist of any known allergies to medication. Women are advised that antibiotics may interfere with the effectiveness of birth control pills. Other means of contraception are recommended while taking antibiotics.

3. Changes in treatment Plan

I understand that during treatment it may be necessary to change or add procedure because of conditions found while working on the teeth that were not discovered during examination. For example, root canal therapy, following routine restorative procedures. I give my permission to the Dentist to make any/all changes in addition as necessary.

4. Removal of teeth

Alternatives to removal have been explained to me (root canal therapy, crowns, and periodontal surgery, and etc.), and I authorize the Dentist to remove the any hopeless ,non-restorable or wisdom teeth and any other teeth necessary for reasons in paragraph #3. I understand removing the teeth does not always remove all the infection if present and may be necessary to have further treatment. I understand the risks involved in having teeth removed, some of which are pain, swelling, spread of infection, dry socket, exposed sinuses, excessive bleeding, damage to adjacent teeth, loss of feeling in my teeth, lips, tongue, and surrounding tissue (Parenthesis) that can last for an indefinite period of time or fractured jaw. I understand I may need further treatment by a specialist if complications arise, the cost of which is my responsibility.

5. Crowns and Veneers

Treatment involves covering the tooth completely with a cap (crown) or covering the front surface of the tooth with a tooth colored bonded porcelain laminate called a veneer. 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 come off easily and that I must be careful to insure 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 veneer (including shape, fit, size and color) will be before cementation. It is also my responsibility to return for permanent cementation within twenty days from the tooth preparation. Excessive delays may allow for decay, tooth movement, gum disease, and or bite problems. This may necessitate a remake of the crown, bridge, or veneer. I understand there will be additional charges for remakes or other treatment due to my delaying permanent cementation.

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 the canal filling material may extend through the tooth root tip, which does not necessary, affect the success of the treatment. The tooth may sensitive during treatment and even remains tender for a time after treatment. Hard to detect root fractures are one for the main reasons why root canals fail. Since teeth with root canals are more brittle than other teeth, a crown is necessary to strengthen and preserve the tooth. It also prevents a root canal from being reinfected. I understand that endodontic files and reamers are very fine instruments and stresses a in their manufacture can cause them to separate during use. I understand that occasionally referral to a root canal specialist may be necessary following root canal therapy. Specialty fees are the patient's responsibility. I understand that the tooth may be lost in spite of all efforts to save it.

7. Periodontal Loss (tissue and bone)

I understand that I have a serious condition, causing gum and bone inflammation and that it can lead to the loss of my teeth and/or supporting bone. Alternative treatment plans have been explained to me, including gum surgery, replacements and/or extractions. I understand that periodontal disease may have a future adverse effect on the long term success of dental restorative work.

8. Fillings

I understand that a more extensive restoration than originally diagnosed may be required due to additional decay found during preparation. This may lead to other measures necessary to restore the tooth to normal

function. This may include root canal, crown or both. I understand that sensitivity is a common after effect of a newly placed filling.

9. Advance/Amalgam Bond

Advance/amalgam bond has been offered to me as optional treatment to reduce sensitivity and strengthen fillings or crown buildups.

10. Dentures, Complete or Partial

I realize that full or partial dentures are artificial, constructed of plastic, metal, and/or porcelain. The problems of wearing these appliances have been explained to me. Including looseness, soreness, and possible breakage. I realize the final opportunity to make changes in my new dentures (including shape, fit, size, placement, and color) will be the teeth in wax" try-in visit. Immediate dentures (placement of dentures immediately after extractions) may be uncomfortable at first. Immediate dentures may require several adjustments and relines. A permanent reline or second set of dentures will be necessary later. This is not included in the initial denture fee. I understand that failure to keep delivery appointments may result in poorly fitted dentures. If a remake is required due to my delay of more than 30 days, there will be additional charges.

11. Bleaching

Bleaching is a procedure done either in office (1 hour) or wish to take home trays (2 weeks). The degree of whitening varies with the individual. The average patient achieves considerable change (1-3 shades on dental shade guide). Coffee, tea, and tobacco will stain teeth after treatment and are to be avoided for at least 24 hours after treatment. I understand I may experience sensitivity of the teeth and/or gum inflammation, which will subside when treatment is discontinued. The doctor may prescribe fluoride treatments for rare cases of persistent sensitivity. Carbamide peroxide and other peroxide solutions used in teeth bleaching are approved by the FDA as mouth antiseptics. Their use as bleaching agents has unknown risks. Acceptance of treatment means acceptance of risk. Pregnant women are advised to consult with their physician before starting treatment.

12. Children Dentistry

Children who are difficult to manage or have extensive restorative needs may need to be referred to a children's dental specialists (periodontist). Our main concern is to make the dental treatment experience as pleasant as possible for your child. We will not force your child to have treatment done. This can cause psychological trauma.

13. Implants

Implant restorative procedures can be complex and may require multiple appointments to complete. Implant success rate is approximately 95%. Proper maintenance of implant restorations is critical to their long term success implants can fail due to medical complications such as diabetes, effects of smoking, gum disease, or grinding of teeth.

I understand that dentistry is not an exact science and that, 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 have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction. I consent to proposed treatment.

Signature of patient/parent/guardian

Date