



CONSENT FOR TREATMENT

Benefits of dental treatment can include: relief of pain, the ability to chew properly, and the confidence and social interaction that a pleasing smile can bring. Nonetheless, there are some common risks associated with virtually any dental procedure. By initialing and signing this consent, I understand and agree with its contents.

INITIAL

_____ I hereby authorize doctor or designated staff to take x-rays, study models, photographs, and any other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis

_____ Upon such diagnosis, I authorize doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required in order to provide proper care. I give my consent to use local anesthetics, relaxants, anti-inflammatory medications, antibiotics, antihistamines, steroids, or pain medication if deemed necessary for the completion of any medical or dental treatment. I fully understand that using such anesthetic agents embodies certain risks such as allergic reactions. Sensitivity in teeth, or gums, infection or bleeding may follow any procedures including hygiene appointments.

_____ I grant permission to take photographs of my mouth or head and neck to be used, without revealing my identity, for the furthering of medical and dental knowledge, patient education and advertising on social media

_____ Long-term numbness (paresthesia): Local anesthetic or its administration, tooth extraction, root canal therapy, or implant placement can result in transient, or in rare instances, permanent numbness..

_____ I understand that holding one's mouth open can result in muscle or jaw joint tenderness, or in a predisposed patient, precipitate a temporal mandibular joint disorder (TMD): joint pain requiring treatment from a specialist

_____ I understand that root canal treatment is an attempt to retain a tooth that would otherwise require extraction. Although root canal treatment has a high degree of success, it cannot be guaranteed. Occasionally, a tooth undergoing root canal treatment may undergo acute infection, fracture, or file breakage. It may require re-treatment, surgery or (rarely) extraction. Restoration with a crown should always follow root canal treatment. Sometimes a post is also indicated.

_____ I understand that preparation of teeth for crowns, bridges, cosmetic veneers, and fillings may, on occasion, traumatize the pulp (nerve). If the pulp is in a weakened condition, this may necessitate a root canal treatment on the tooth in the future. I understand that dental treatment, which changes one or more teeth, is at that time equilibrated or shaped to fit the opposing teeth. This may affect the occlusion which can lead to pain in the temporal mandibular joint.

_____ I understand that any occlusal equilibration for the purpose of improving the occlusion of teeth may lead to temporal mandibular joint pain.

_____ Women using birth control medication should be aware, that antibiotics, such as penicillin or erythromycin could possibly counteract the effects of the pill and you could become pregnant.

_____ I realize that a specialist can perform any of the work that the doctor proposes. I will tell the doctor or his staff if I desire that a specialist perform the work.

_____ In dental treatment small instruments are used with the risk of swallowing or inhalation.

Patient Name _____

Date _____

Signature _____