

Consent For Dental Treatment

I consent to the procedures necessary for dental diagnosis. These may include the use of x-rays, local anesthesia, and other medications.

Signed _____ Dated _____

Cleaning and Scaling of teeth _____ **Fluoride Treatment** _____

possible complications: pain, bleeding, swelling, lacerations, infections, sensitivity to hot or cold, breakage of fillings, crowns or teeth.

benefits: teeth look and feel nicer, cleaner breath, prevent or slow the progress of gum disease.

Sealants _____

benefits: help prevent decay on biting surfaces of teeth.

consequences of no treatment: Increase chances of getting decay.

Fillings of the teeth _____

possible complications: pain, sensitivity to hot or cold, nerve damage leading to the need for root canal treatment, broken teeth, T.M.J. pain.

benefits: remove decay, fill hole in tooth, fix broken tooth, relieve pain, look and chew better.

consequences of no treatment: decay will get larger, tooth could break, may loose tooth, may need root canal treatment, pain, infection.

Extractions or Surgery _____

possible complications: pain, infection, swelling, numbness, fractured jaw, need for more surgery by a specialist, T.M.J. complications.

benefits: remove infection, avoid infection of non-restorable teeth.

consequences of no treatment: pain, swelling, infection.

Root canal treatment _____

possible complications: pain, infection, swelling, possible tooth fracture and the possible need for extraction if the treatment fails, failure of treatment due to undiagnosed fractures, extra canals or separation of files.

benefits: remove infection, relieve the pain, retain the tooth.

consequences of no treatment: infection, tooth loss, pain.

* Crowns on posterior teeth with root canal treatment are strongly recommended.

Crown or Bridge _____

possible complications: pain, the need for root canal treatment now or in the future, hot or cold sensitivity, porcelain fracture, crown may loosen, recurrent decay in the future.

benefits: to look better, restore a tooth that could not or would be difficult to fill, fix a broken tooth, replace a missing tooth.

consequences of no treatment: tooth might fracture requiring extraction.

options: instead of a bridge the tooth may be replaced with an implant, or a partial denture

Dentures or Partial _____

possible complications: decay under clasps, may loosen teeth, clasps may be visible.

benefits: costs less than bridgework, do not always have to remove tooth structure.

I have read and understand the risks, benefits, and possible complications of dental treatment. I have been advised of and understand the options for treatment, and any questions have been answered. I also understand that complications could change treatment. I agree to the dentist's judgment in performing my treatment.

Signed _____ Dated _____

Patients Name _____