

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 lose 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 be filled 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 Partials _____

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 _____