



General Dentistry Informed Consent

1	<p>Work to be Done</p> <p>I understand that I am having the following work done</p> <p>Filling Crowns Bridges Extractions Root Canal</p> <p>Dentures X-Ray Exam Other</p>
2	<p>Drugs & Medications</p> <p>I understand that antibiotics and analgesics and other medications can cause allergic reactions, causing redness, swelling of tissues, pain, itching, vomiting and/or anaphylactic shock (severe allergic reaction requiring immediate medical intervention). I also understand that some antibiotics make birth control pills less effective and I may need to use alternative methods of birth control during the use of such medication. Initial</p>
3	<p>Changes in Treatment Plans</p> <p>I understand that during the treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during the examination. The most common is root canal therapy following routine restorative procedures. I give my permission to the dentist to make these changes as necessary. Initial</p>
4	<p>Removal of Teeth</p> <p>Alternatives to removal of teeth have been explained to me (root canal therapy, crowns, periodontal surgery, implants, etc.) and I authorize the dentist to remove the following teeth</p> <p>. I understand removing teeth does not always remove all the infection, if present and it 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, loss of feeling in my lips, tongue and surrounding tissue (Parasthesia) that can last for an indefinite period of time (days, months, permanent). In extreme cases the jaw can be fractured. Initial</p>
5	<p>Crowns, Bridges</p> <p>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 may come off easily, that I must be careful what I eat until my permanent crowns are placed. I realize the final opportunity to make changes in my crowns or bridges (including shape, color and appearance) will be before cementation. I understand that my gingiva (gums) may be sore until the healing time has elapsed. Initial</p>
6	<p>Dentures – Complete or Partial</p> <p>I realize that full or partial dentures are artificial constructed plastic, metal and/or porcelain. The problems of appliances have been explained to me. I understand that most dentures require relining approximately three to twelve months after Initial placement. The cost of this procedure is not in the original denture fee.</p>
7	<p>Endodontic Treatment</p> <p>I realize there is no guarantee that root canal treatment will save tooth and that complications can occur from the treatment: and that occasionally metal objects are cemented in the tooth or extend through the root which does not necessarily affect the success of treatment. I understand that occasionally additional surgical procedures may be necessary following root canal therapy (Apicoectomy). Initial</p>
8	<p>Periodontal Loss (Tissue & Bone)</p> <p>I Understand that I have a serious condition causing gum inflammation and/or bone loss that can lead to loss of my teeth. I understand that I may need additional treatment by a specialist (Periodontist) Initial</p>
<p>I understand that dentistry is not an exact science and that the results cannot be guaranteed.</p>	

Signature:

Date: