

INFORMED CONSENT FORM FOR DENTAL TREATMENT.

FILLINGS:

BENEFITS:

Eliminate decay.
Relieve pain.
Fill in a hole or a space in a tooth.
Cover eroded areas.
Protect a sensitive tooth.

POSSIBLE COMPLICATIONS:

Tooth may abscess from felling, may fracture tooth, tooth may be sensitive to temperature change, toxicity from silver filling is alleged by some, filling may fall out.

CONSEQUENCES OF NOT HAVING WORK DONE OR POSTPONING:

May loose the tooth.
Tooth may fracture.
Decay will get larger.
Pain will get worse.
May result in need a root canal.

ALTERNATIVES:

Temporary filling, extraction.

EXTRACTIONS:

BENEFITS:

Last resort for non-salvageable tooth.
Eliminate pain.
Remove teeth that are out of position.
Eliminate infections.

POSSIBLE COMPLICATIONS:

Fractured particles may remain, irritation to nerves may cause temporary or permanent numbness, part or all of the tooth may be lodged in sinus, requiring more surgery, bed infections may take a long time to clear up, jaw may be stiff and difficult to open for a time, if jaw bone is very weak, it may fracture.

CONSEQUENCES OF NOT HAVING WORK DONE OR POSTPONING:

Spread of infection.
Swelling.
Pain.

ALTERNATIVES:

None.

X-RAYS:

BENEFITS:

More complete diagnosis.
Can find hidden problems.
Can make a determination of treatment.
X-Rays taken by qualified personnel.

POSSIBLE COMPLICATIONS:

Exposure to X-Ray radiation (minimal), X-Ray pictures remain the property of FAMILY DENTAL OFFICE.

CONSEQUENCES OF NOT HAVING WORK DONE OR POSTPONING:

Can not perform dental services.

ALTERNATIVES:

None.

CLEANING-SCALING:

BENEFITS:

Look nicer.
Clean mouth.
Eliminate odors.
Prevents gum disease.
Some portions may be performed by auxiliary personnel.

POSSIBLE COMPLICATIONS:

Sensitive teeth, feeling of space between teeth, filling may be loosened. (Normal if the filling is about to fall out). Sensitive gums.

CONSEQUENCES OF NOT HAVING WORK DONE OR POSTPONING:

Stains on teeth.
Odors.
Gum disease.
Will loose teeth sooner.

ALTERNATIVES:

None.

BONDED FACINGS:

BENEFITS:

Aesthetics — they look nicer.
Cover crooked teeth.
Close spaces and gaps.
Cover discolored teeth.

POSSIBLE COMPLICATIONS:

Edges can stain after a time and need to freshened up (additional fee).
Breakage may occur, resulting in need for a remake, difficult to remove.

CONSEQUENCES OF NOT HAVING WORK DONE OR POSTPONING:

None (other than appearance).

ALTERNATIVES:

Crowns.

LOCAL ANESTHETICS:

BENEFITS:

Avoid pain, during treatment and procedures.

POSSIBLE COMPLICATIONS:

Prolonged numbness may extend beyond normal, nerve damage, bruising (hematoma), in rare instances, possible can sequences may include all those applicable to General Anesthesia, including allergic reactions up to and including death, (separate detail information sheet is available upon request).

CONSEQUENCES OF NOT HAVING WORK DONE OR POSTPONING:

Mild to severe pain during and after treatment.

ALTERNATIVES:

Willingness to accept pain during and after treatment.

CROWNS-CAPS:

BENEFITS:

Make you look nicer (cosmetic).
To repair a tooth that is badly broken down.
To prevent a tooth from fracturing.
To restore a tooth that has been broken.
To eliminate a space where food is being trapped.
To hold a false tooth in place as part of a bridge.
To make a solid structure to attach a partial denture.
To splint loose teeth together to strengthen them.
The tooth no longer can be filled.

POSSIBLE COMPLICATIONS:

Porcelain portion of the crown may fracture, crown may come off and need to be re-cemented, tooth may abscess and require further treatment (may not show up until later), future decay may require a filling or a new crown.

CONSEQUENCES OF NOT HAVING WORK DONE OR POSTPONING:

Tooth will probably fracture.
Tooth may need to be extracted.
May need a root canal in addition to the crown.
May need bridge work or dentures.

ALTERNATIVES:

Extraction, temporary crown, steel crown.

BRIDGE WORK:

BENEFITS:

Make you look nicer.
To replace missing teeth.
Missing teeth are not removable.
Some of the same advantages as crowns.
Can improve chewing efficiency.

POSSIBLE COMPLICATIONS:

Same as crowns.

CONSEQUENCES OF NOT HAVING WORK DONE OR POSTPONING:

Teeth will drift and lean over.
May loose back teeth due to shifting.
Periodontal problems (gum disease).
Can reduce chewing efficiency.

ALTERNATIVES:

Partial, temporary partial, no teeth in spaces.

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PARTIAL (removable bridge work):

BENEFITS:

Cost.

POSSIBLE COMPLICATIONS:

Can wear on teeth.
Can rock or stress teeth — may loosen natural teeth.
Metal clasps are sometimes visible.
Decay can occur under clasps.
Usually some movement from the partial.

CONSEQUENCES OF NOT HAVING WORK DONE OR POSTPONING:

Same as bridge work.

ALTERNATIVES:

Bridge work, temporary partial, keep spaces without teeth placement.

ROOT CANAL:

BENEFITS:

Eliminate infection.
Relieve pain.
Save tooth.

POSSIBLE COMPLICATIONS:

Undiagnosable root fracture means failure and extraction.
Undiagnosable auxiliary canal means failure and extraction.

CONSEQUENCES OF NOT HAVING WORK DONE OR POSTPONING:

Extraction of tooth.

ALTERNATIVES:

Extraction.
Bridge work.

GUM SURGERY (GINGIVECTOMY):

BENEFITS:

Eliminate infection.
Reduce food pockets around teeth.
Eliminate foul odors.
Reduce overgrown tissue.
Can eliminate tartar effectively.

POSSIBLE COMPLICATIONS:

May be repeated after a time, same after pain, might loose teeth if they do not respond to treatment.

CONSEQUENCES OF NOT HAVING WORK DONE OR POSTPONING:

Will lose teeth sooner.
May not get rid of infection.

ALTERNATIVES:

More frequent appointment for scaling.

NAME OF PATIENT (please print): _____

NAME OF GUARDIAN (please print): _____

I (WE) HAVE READ THE ABOVE STATEMENTS AND RECEIVED A COPY OF THEM, AND RECOGNIZE THEIR IMPORTANCE IN HELPING ME (US) MAKE MY (OUR) DECISIONS. I (WE) ALSO UNDERSTAND THAT WHERE DECAY HAS OCCURRED, OR A TOOTH HAS FRACTURED, OR ABSCESSSED THESE SAME FORCES ARE STILL WORKING ON THE TOOTH EVEN AFTER IT HAS BEEN RESTORED; THEREFORE, DECAY OR FRACTURE CAN STILL OCCUR AS THE RESTORED TOOTH IS NO BETTER THAN WHAT NATURE HAS GIVEN ME IN THE FIRST PLACE.

IN ATTENDING DENTIST (_____, D.D.S.) AND MYSELF (OURSELVES), I (WE) SHALL FIRST PRESENT SUCH DIFFERENCE OR DISAGREEMENT TO MY ATTENDING DENTIST (_____, D.D.S.) IN ORDER TO RESOLVE THE PROBLEM. IF WE ARE UNABLE TO AGREE ON A SOLUTION, THEN I (WE) AGREE TO TAKE THE PROBLEM TO A RECONCILIATION BOARD, SUCH AS THE DENTAL SOCIETY OR The New York State Consumer Affairs Board of Examiners AND AGREE TO ACCEPT THEIR RESOLUTION IN LIEU OF PURSUING REMEDIES BY WAY OF LITIGATION.

IN CONSIDERATION OF HELPING TO KEEP COSTS OF TREATMENT AS LOW AS POSSIBLE, I (WE) ALSO UNDERSTAND THAT THE AGREEMENT IS BINDING ON MY HEIRS AND ALL OTHER FAMILY MEMBERS.

SIGNATURE: _____

DATE ____ / ____ / 20 ____

GUARDIAN SIGNATURE: _____

DATE ____ / ____ / 20 ____