

GENERAL DENTISTRY INFORMED CONSENT

Patient: _____

Date: _____

1. **WORK TO BE DONE:** I understand that I may be having the following work done: exam, x-rays, fillings, cleaning, fluoride, scaling & root planning, sealants, space maintainer, night guards, crown, bridge, veneers, partials, bleaching, or any other service needed.
2. **DRUGS AND MEDICATION:** I understand that antibiotics, analgesics, and other medications can cause allergic reactions causing redness and swelling of the tissue, pain, itching, vomiting, and/or anaphylactic shock. It is my responsibility to disclose any known allergies.
3. **CHANGES IN TREATMENT PLAN:** I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on those teeth that were not discovered during examination. I give permission to my dentist to make any/all changes and additions as necessary.
4. **PERIDONTAL LOSS (TISSUE AND BONE):** I understand there is a possibility I could have a serious condition which causes gum and bone inflammation and in return can lead to the loss of my teeth. If diagnosed, I understand treatment may be more advanced and failure to continue with treatment can result in further gum disease.
5. **FILLINGS:** I understand that care must be exercised in chewing on fillings, especially amalgam fillings during the first 24 hours to avoid breakage. I understand that a more extensive filling than originally diagnosed may be required due to additional decay. I understand that significant sensitivity can be common after a newly placed filling. Sometimes a very deep filling can lead to a root canal or extraction at a later date.
6. **CROWNS, BRIDGES, VENEERS:** 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 after the initial appointment. It is my responsibility to ensure I am careful with my temporaries, so they do not break off. I realize the final opportunity to make changes in my new crown, bridge, or veneer (including shape, fit, and color) will be before cementation. It is also my responsibility to return for final cementation within 30 days from tooth preparation. Excessive delays may allow for tooth movement. If there is a delay in final cementation due to the patient, a charge may be incurred to remake the crowns, bridges, or veneers.
7. **DENTURES, PARTIALS, AND RELINES:** I understand that wearing dentures is difficult. Sore spots, altered speech, and difficulty in eating are some common problems. Immediate dentures (dentures placed right after extractions) may be painful and may require several adjustments. A reline is usually required 3 months to a year later. I understand this is not apart of the denture fee and it is my responsibility to return for delivery of dentures. I understand that failure to keep my delivery appointment may result in poorly fitting dentures.

INFORMED CONSENT: I understand that dentistry is not an exact science and that therefore reputable practitioners cannot properly guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment which I have requested and authorized. I hereby authorize the dentist to proceed with and perform the dental restorations/treatments as explained to me. I understand that my treatment plan is only an estimate and subject to modification depending on unforeseen or undiagnosable circumstances that may arise during treatment.

Signature of Patient/Guardian

_____ Date _____