

Eugene Family Dental - Informed Consent

Dr. Ben Thomas DMD, PC

Patient: _____

1. EXAM AND X-RAYS

I understand that an exam will be performed by Dr. Thomas which may or may not include a soft tissue and oral cancer screen, a thorough periodontal (gum) evaluation, as well as an evaluation of the health of the teeth, TMJ, and associated structures. The exam may include an in depth discussion regarding my medical history and prescribed medications. I understand that all medications have the potential for accompanying risks, side effects, and drug interactions. Therefore, it is critical that I tell my dentist of all medications I am currently taking. I understand that x-rays are a critical part of the exam in that it allows problems to be identified early that could otherwise be missed with a simple visual exam. I realize that refusal to take x-rays may result in any variety of negative oral health outcomes and I accept all responsibility for such outcomes should I choose to forgo x-rays. (Initials _____)

2. DRUGS AND PARASTHESIA

I understand that antibiotics, anesthetics, analgesics and other medications can cause allergic reactions causing redness and swelling of the tissues, pain, itching, vomiting, and/or anaphylactic shock. In addition, I understand that I may have loss of feeling in my teeth, lips, tongue, and surrounding tissues (parasthesia) following injections for local anesthesia with an procedure. Rarely, temporary or permanent nerve injury and loss of feeling may result from an injection. (Initials _____)

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 the teeth that were not discovered during examination. For example, I may need root canal therapy following routine restorative procedures such as crowns, bridges, or onlays. Changes will be explained. (Initials _____)

4. SUCCESSFUL TREATMENT / OPTION FOR NO TREATMENT

I understand that every reasonable effort will be made to ensure the success of my treatment. I further understand that each person and treatment situation is unique, and therefore, no guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve my oral health. I understand that if no treatment is performed, tooth decay or gum disease may progress causing me to lose one or more of my teeth. I may also experience symptoms which may be damaging to my overall health and which may increase in severity, and the cosmetic appearance of my teeth may deteriorate. (Initials _____)

5. PERIODONTAL TREATMENT

After thorough evaluation, I understand that I have a common, but destructive gum condition called periodontal disease that weakens the support of my teeth by separating the gum from the teeth and destroying the bone that supports the tooth roots. I have been made aware that, if left untreated, periodontal disease can cause me to lose my teeth and I can have other adverse consequences to my general health. I understand that the accepted treatment for gum disease is scaling and root planing with or without local anesthetic. The purpose of the therapy is to reduce the bacterial load in my gums to a level more manageable by my individual immune system. However, I understand that my condition may require additional treatment that may include a second deep cleaning, periodontal surgery, or antibiotics. Risks may include, but are not limited to swelling, pain, bleeding after treatment, gum recession, sensitivity to temperature and sweets, infection, increased spacing and resulting food impaction, initial looseness of teeth, and numbness in the tissues. There is no method currently available that will predict how the gum and bone will heal following any periodontal procedure. Because each patient's condition is unique, long-term success may not occur. In addition, the success of the treatment can be greatly affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, medication, and inadequate oral hygiene. I understand that after the proposed treatment has been completed, a constant monitoring of my condition will be necessary which usually consists of 3 to 4 treatment visits a year. I understand that if satisfactory plaque control is not maintained, then progression of the disease is likely. (Initials _____)

6. FILLINGS

Fillings are typically used to restore teeth damaged by decay when additional strengthening of the tooth is not required. Fillings can also be used to repair damaged or sensitive areas of teeth near the gumline even if no decay is present. I understand that care must be exercised in chewing on new fillings especially 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 temporary sensitivity is a common after effect of a newly placed filling. If the sensitivity continues, I understand that a root canal and possibly a crown may be needed, even though the tooth may not have hurt prior to the filling being done. (Initials _____)

7. CROWNS, ONLAYS, BRIDGES, AND CAPS

A crown or onlay is typically used to strengthen a tooth damaged by decay, fracture, or previous restorations. It can also be used to serve to protect a tooth that has had root canal treatment, to improve the way the teeth fit together, or for esthetics. A bridge is used to replace missing teeth by placing crowns on teeth adjacent to the missing tooth space, and extending artificial teeth across the space. Crowns, bridges, and onlays are cemented in place and are not removable. The restoration of teeth with crowns or bridges requires two phases: 1) preparation of the tooth or teeth, making an impression of the teeth to send to a lab, and construction and temporary cementation of a temporary crown, and later, 2) removal of the temporary crown, adjustment and cementation of the completed crown when esthetics and function have been verified. I understand that I may be wearing temporary crowns, which may come off and that I must be careful to ensure that they are kept on until the permanent crowns are delivered. It is also my responsibility to return for permanent cementation within 20 days from tooth preparation. Excessive delays may cause tooth movement that may necessitate a remake of the crown, bridge, or cap. I understand there will be additional charges for remakes due to my delaying permanent cementation. I understand that preparing a damaged tooth for a crown, bridge or onlay may further irritate the nerve (or pulp) in the center of the tooth, causing sensitivity to heat, cold or pressure, and that temporary sensitivity is a common after effect of such a procedure. If the sensitivity continues, a root canal may be needed, even though the tooth may not have hurt prior to the procedure being done. I understand that crowns, bridges and onlays may alter the way my teeth fit together and make my jaw joint feel sore. This may require adjusting my bite by altering the biting surface of the restoration or adjacent or opposing teeth. I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I realize the final opportunity to make changes in my new crown, bridge, or cap (including shape, fit, size, and color) will be before cementation. (Initials _____)

8. ENDODONTIC TREATMENT (ROOT CANAL)

I realize there is no guarantee that root canal treatment will save my tooth, that complications can occur from the treatment, and that occasionally root canal filling may extend beyond the tooth root which does not necessarily affect the success of the treatment. I understand that endodontic files and reamers are very fine instruments and stresses vented in their manufacture can cause them to separate during use. I understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy). I understand that the tooth may be lost in spite of all efforts to save it. When root canals are completed on back teeth, I understand that it is the standard of care to place a crown over the tooth to create the best seal against bacteria and prevent the tooth from breaking; and that avoiding this final step may cause the tooth to be lost. (Initials _____)

9. DENTURES AND REMOVABLE PARTIAL DENTURES

Dentures and Removable Partial Dentures (partials) are used to replace missing teeth. Dentures are held in place by the lips and tongue and sometimes by suction of the denture against the palate. Partials are held in place by clasping existing teeth. Both appliances are intended to be removed at least 8 hours per day and their success is dependent on the skill and tolerance of the person wearing them. Sore spots, altered speech, and difficulty in eating are common problems with new dentures. The ability to adapt to removable dentures varies widely. In some cases, a patient cannot or will not be able to use the device through no fault of fabrication. Immediate dentures (placement of denture immediately after extractions) may be painful. Immediate dentures may require considerable adjusting and several relines. A permanent reline will be needed later. This is not included in the denture fee. I understand that it is my responsibility to return for delivery of the dentures. I understand that failure to keep my delivery appointment may result in poorly fitted dentures. If a remake is required due to my delays of more than 30 days, there will be additional charges. (Initials _____)

_____ I consent to the proposed treatment as described above.

_____ I refuse to give my consent for the proposed treatment as described above.

_____ I have been informed of and accept the consequences if no treatment is administered.

Patient Signature: _____ Date: _____

I attest that I have discussed the risks, benefits, consequences, and alternatives of the proposed treatment with the above named patient who has had the opportunity to ask questions. I believe my patient understands what has been explained.

Doctor Signature: _____ Date: _____