

# PRECISION DENTAL

---

## OF WINDSOR

### GENERAL DENTISTRY INFORMED CONSENT FORM

#### **Financial Consent**

I understand that treatment plans with insurance payment estimates are in fact estimates and further payment may be required for my particular plan. This could be due to changes my employer makes to insurance participation, changes within my dental insurance company, or my benefit maximum being reached to name a few. I also understand that I am financially responsible for any remaining balance after insurance has paid.

#### **Examination and X-rays**

I understand that the initial visit may require radiographs in order to complete the examination, diagnosis, and treatment plan.

#### **Drugs, Medication, and Sedation**

I understand that antibiotic, analgesics, and other medications can cause allergic reactions causing redness, swelling, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). They may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs. I agree not to operate any vehicle or hazardous device until fully recovered from the effects of any medication and/or drugs that have been given to me in the course of treatment. I understand that antibiotics can reduce the effectiveness of oral contraceptives.

#### **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 teeth that were not discovered during examination, the most common being root canal therapy following routine restorative procedures. I give my permission to the dentist to make any or all changes and additions as necessary.

#### **Fillings**

I understand that care must be exercised in chewing on fillings during the first 24 hours to avoid breakage, and tooth sensitivity is common after a newly placed filling. It is my responsibility to follow-up with the dentist if the filling is too high (the first thing to hit when the teeth are closed) or any other concern is found after the numbness wears off.

I also understand that amalgam (silver) fillings, are not provided at this practice and agree to pay any amount not covered by my insurance plan if I complete treatment. I understand that I have the option to have amalgam (silver) fillings completed at another dental office and my records are available for transfer.

I understand that permanent fillings do not change color so if I am interested in bleaching my teeth I should do so before having fillings done, especially in the front teeth.

#### **Removal of Teeth (Extraction)**

I will participate in the process of informed consent with my dentist prior to tooth extraction, which includes discussing alternative treatment options (root canals, crowns, periodontal surgery, ext) and I authorize the dentist to remove teeth for the reasons described in paragraph #3. I understand there are risks in having teeth removed including pain, swelling, spread of infection, dry socket, loss of feeling in my teeth, lips tongue, and surrounding tissue (paresthesia) that can last for an indefinite period of time, or fractured jaw. I understand I may need further treatment by a specialist or even hospitalization if complications arise during or following treatment, the cost of which is my responsibility.

### **Crowns, Bridges, Veneers, and Bonding**

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 and that I must be careful to ensure that they are kept on until the permanent crowns are delivered. I realize that the final opportunity to make changes in my new crowns, bridge, or cap (including shape, fit, size, placement, and color) will be done before cementation. I understand that in very few cases, cosmetic procedures may result in the need for future root canal treatment, which cannot always be predicted or anticipated. I understand that cosmetic procedures may affect tooth surfaces and may require modification of daily cleaning procedures.

I also understand that permanent crowns can wear out over time and some reasons include poor diet, clenching/grinding habits, inadequate care of my gums, and aging of the crown material. I also understand that cavities can still effect a tooth with a crown, in which case, the crown may need to be replaced.

I understand that there is a chance that endodontic treatment (a root canal) may need to be performed after a crown is completed. If this occurs, the cost of treatment for the root canal is my responsibility and may be needed to be completed with a specialist.

I understand that permanent crowns do not change color so if I am interested in bleaching my teeth I should do so before having fillings done, especially in the front teeth.

### **Dentures – Complete or Partial**

I realize that full or partial dentures are artificial, constructed of plastic, metal, and or porcelain. The problems of wearing those appliances include looseness, soreness, and possible breakage. I further understand that I may be referred to a specialist for treatment with advanced considerations (severe bone loss, unique mouth shape requiring special impressions, use of other specialty equipment). I understand the costs of treatment with the specialist are my responsibility.

### **Endodontic Treatment (Root Canals)**

I understand there are no guarantees that root canal treatment will save my tooth and complications can occur from treatment, such as objects being cemented in or extending 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 treatment (apicoectomy). I also understand I may be referred to a specialist for endodontic therapy at the dentist's discretion and that I am responsible for all costs of treatment provided.

### **Periodontal Treatment**

I understand if I am diagnosed with a serious condition causing gum inflammation and/or bone loss that it can lead to the loss of my teeth. I understand the success of treatment depends in part on my efforts to brush and floss daily, receive regular cleanings as directed, follow a healthy diet and follow other recommendations

### **Whitening**

I understand the results of whitening are unpredictable and the results can be effected by diet and smoking. I also understand there is a chance of sensitivity involved with all whitening procedures.

**Consent:** *I understand that dentistry is not an exact science, therefore, reputable parashioners cannot properly guarantee results.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_