

## Consent and Information about Dental Treatment

While serious complications associated with dental procedures are very rare, we feel it is important that our patients ask questions about their treatment. While it is not possible to anticipate every situation or circumstance, the following are some specifics related to the various types of dental treatment:

**Treatment of Minors:** Parents and guardians consent to treatment of a child including radiographs, local anesthetic, and any procedures in the course of treatment which may be necessary to provide for the health of the child.

**X-Rays and Doctor Exams** Our office sets standard intervals for diagnosis of oral lesions, decay between the teeth, bone loss, gum disease, cysts, tumors, infections, and impacted teeth.

**Sealants** help prevent tooth decay on the top surface of teeth. Sealants will not eliminate decay and oral hygiene and regular check ups are required.

**Medications:** Untoward reactions or unknown allergies associated with the administration of treatment or prescription of medication are possible. It is advised not to operate machinery or motor vehicles if prescribed sedative or pain medications. Also, it is important to note that antibiotics can decrease the effectiveness of oral contraceptives.

**Local Anesthesia:** Anesthetic is utilized to numb tissue for dental surgical procedures. Some patients may experience temporary increased heart rate, allergy, soreness, nerve or blood vessel bruising, tingling, or numbness which may very infrequently be indefinite, and trauma after the procedure from being numb.

**Periodontal Treatment:** Gum disease is a chronic infection which causes loss of the tissue supporting the teeth and leads to tooth loss. This may require “deep cleaning”, more frequent appointments, and patient home care commitment.

**Fillings:** After a filling is placed, one may experience temporary tooth sensitivity. Occasionally, sensitivity may linger requiring further treatment which may include root canal therapy. Rest assured that every precaution is taken to preserve the health and vitality of your tooth during treatment.

**Bleaching:** To whiten teeth. It is not uncommon to experience tooth sensitivity and minor irritation of gums. Previous dental restorations may not color match. It is important to return for re-evaluation.

**Crowns, Veneers, Bridges, and Implant Crowns:** The purpose of these restorations is to replace, strengthen and improve teeth subjected to decay, wear, fracture or previous restorations. One may have temporary sensitivity to cold, biting, or gum tissue irritation. Occasionally, sensitivity may linger requiring further treatment including a root canal.

**Dentures and Partial Dentures:** Dentures replace missing teeth. Dentures require an adjustment phase of fit, speaking, eating, and esthetics. The fit will change over time and may require additional adjustment and relines.

**Bite Splints and Guards:** Prescribed in different forms to treat sleep apnea, protect teeth, hold teeth and reduce the severity of oral facial pain associated with clenching. Teeth may shift and you may experience changes or soreness in your bite, jaw joint and muscles. It is important to return for adjustment of the appliance.

**Root Canals:** Root Canal Therapy is performed to treat a dying or infected tooth. Difficulties may include broken instruments within the canals, perforations, damage to dental work or cracked teeth. There may be instances where re-treatment or further treatment is necessary or instances where treatment is impossible. After root canal treatment is completed, it is necessary to have your tooth restored within two weeks for optimal success.

**Extractions:** Extractions are indicated to remove non-restorable teeth or teeth that a patient has chosen not to restore. Extractions may involve the following: dry sockets, infection, bleeding, unpredictable retrieval of root tips, surgical removal of surrounding bone, subsequent bone spurs, jaw joint pain, jaw muscle, neck soreness and pain, displacement of a portion of tooth into the sinus or other location requiring additional surgery to remove the fragment or close a sinus perforation, fracture of jaw bone, temporary or permanent numbness, or damage to adjacent teeth.

**Orthodontics:** Invisalign is prescribed for straightening teeth with a series of clear, removable retainers. Successful outcome is dependent on patient compliance and wearing the aligners. Throughout the course of treatment, changes in your bite may occur and it may take an adjustment phase for you to get used to these changes in your bite, muscles, and joints. You may experience some slight soreness and speech changes which are usually quickly self-limiting. Through the course of treatment, some tooth recontouring and tooth attachments may be placed by the dentist. Although no documented resorption has occurred in 800,000 Invisalign cases, very rarely roots of teeth can shrink with orthodontics. Your impressions, x-rays and photographs are sent to Invisalign for the treatment planning phase. Invisalign simulation is not a guarantee of results which may be limited by patient physiology and tooth form. It is important to wear the aligners for at least 22 hours a day and remove the aligners for eating and drinking followed by immediate oral hygiene. During or after the course of treatment, certain tooth restorations may need to be replaced based on functional or esthetic needs in the newer, more ideal position.

**TMJ, muscle, and neck:** In the course of, or subsequent to treatment, one may very rarely develop soreness in the areas of the jaws, neck, muscles, and back.

**Referrals:** If a referral is made to a medical or dental specialist, it is the patient's responsibility to follow through with the referral and the specialist's advice.

I give consent to the doctors and staff to perform treatment and services necessary in the course of treatment. Our practice will be glad to answer any questions you have concerning risks and benefits of treatment, including no treatment. While it is not possible to cover every circumstance, rare complications may occur, and there is no guarantee as to specific results that may be obtained. I have read this form and I understand the contents of this form. Please feel free to ask any questions. Thank you!

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Patient/Parent/ Legal Guardian Name Printed

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Date

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Patient/Parent/Legal Guardian Signature

