

General Dentistry Informed Consent

1. I understand that I am having the following done: (Initials: _____)

Fillings _____ Bridge _____ Crowns _____

Dentures _____ Other _____

2. Drugs and Medications: (Initials: _____)

I understand that antibiotics, analgesics, local anesthetic, and other medications can cause allergic reactions causing redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock. I understand a hematoma may occur, which is breakage of a blood vessel during injection, and may cause temporary bruising and swelling of the cheek.

3. Changes in Treatment Plan: (Initials: _____)

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, root canal therapy following routine restorative procedures. I give my permission to the Dentist to make any/all changes and additions as necessary.

4. Crowns, Bridges, and Caps: (Initials: _____)

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 the final opportunity to make changes in my new crown, bridge, or cap (including shape, fit, size, and color) will be before cementation. It is also my responsibility to return for permanent cementation within 30 days from tooth preparation. Excessive delays may allow for tooth movement. This may necessitate a remake of the crown, bridge, or cap. I understand there will be additional charges for remakes due to my delaying cementation.

5. Fillings: (Initials: _____)

I understand that care must be exercised in chewing on 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 significant sensitivity is common after effect of a newly placed filling.

6. Dentures: (Initials: _____)

I understand the wearing of dentures is difficult. Sore spots, altered speech, and difficulty in eating are common problems. 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 delay of more than 30 days, there will be an additional charge.

I understand the treatment planned, and have had the opportunity to have any questions answered by the staff and/or doctor.

Print: _____

Signature: _____ **Date:** _____

Witness: _____ Date: _____