

RISKS AND BENEFITS OF DENTAL PROCEDURES

It is important to us that our patients at Schmidt Family Dental have knowledge of risks and benefits of dental procedures. Whenever possible, we will show you photographs and/or x-rays to illustrate dental problems and will fully explain proposed treatment plans. In the course of treatment, we may need to modify your treatment plan to address problems that could not have been diagnosed in the clinical exam alone or by preoperative x-rays. If/when this occurs, we will explain our findings and show you diagnostic photographs whenever possible.

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

Dental Prophylaxis (Cleaning): I understand the treatment is preventative in nature, intended for patients with healthy gums, and is limited to the removal of plaque and calculus from the tooth structures in the absence of periodontal (gum) disease.

Temporomandibular Joint Dysfunction (TMD): I understand that popping, clicking, locking and pain can intensify or develop in the joint of the lower jaw (near the ear) subsequent to routine dental treatment wherein the mouth is held in the open position. Although symptoms of TMD associated with dental treatment are usually transitory in nature and well tolerated by most patients, I understand that should the need for treatment arise, then I will be referred to a specialist for treatment, the cost of which is my responsibility.

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

Drugs and Medication: I understand that antibiotics and analgesics and other medications can cause allergic reactions causing redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction.) I have informed Dentist of any known allergies. Anesthetic, medication and drugs may cause drowsiness, lack of awareness, and coordination which can be increased by the use of alcohol or other drugs. I understand and fully agree not to operate any vehicle or hazardous device for at least 12 hours or until fully recovered from the effects of anesthetic, medication and drugs that may have been prescribed to me for my care. Risk of local anesthesia may include temporary or permanent numbness or bruising. I understand that antibiotics can reduce the effectiveness of oral contraceptives (birth control pills). 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 that I am currently taking.

Fillings: I understand that a more extensive restoration than originally diagnosed may be required due to additional decay or unsupported tooth structure found during preparation. This may lead to other measures necessary to restore the tooth to normal function. This may include root canal, crown or both. I understand that care must be exercised in chewing on fillings during the first 24 hours to avoid breakage. I understand sensitivity is a common after effect of a newly placed filling.

Removal of Teeth: Alternatives will be explained to you (root canal therapy, crowns, and periodontal surgery, etc.) I understand the removal of teeth does not always remove all the infection, if present, and it may be necessary to have further treatment. Some of the risks are pain, swelling, spread of infection, dry socket, loss of feeling in teeth, lips, tongue and surrounding tissue (paresthesia) that can last for an indefinite period of time (days or months), exposed sinuses, or fractured jaw. I understand that bleeding could last for several hours. Should it persist, particularly if it is severe in nature, it should receive attention and this office must be contacted. I understand that 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.

Crown, 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 understand that the final opportunity to make changes to a new crown, or bridge (including shape, fit, size, or color) must be done prior to cementation of final restoration. I understand that that in a 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. It is also my responsibility to return for permanent cementation within 20 days after tooth preparation. Excessive delays may allow for decay, tooth movement, gum disease, and/or permanent bite problems. This may necessitate a remake of the crown, bridge or veneer. I understand there will be additional charges for remakes or other treatment due to my delaying permanent cementation.

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Dentures – Complete or Partial: I understand that full or partial dentures are artificial, constructed of plastic, metal and/or porcelain. The problems of wearing those appliances may include looseness, soreness and possible breakage. I understand the final opportunity to make changes in my new denture (including shape, fit, size, placement, and color) will be the "teeth in wax" try-in visit. Immediate dentures (placement of dentures immediately after extractions) may be uncomfortable at first. Immediate dentures frequently require several adjustments and relines. A permanent reline or second set of dentures will be necessary later. This is not included in the initial denture fee. I understand that most dentures require relining approximately three to twelve months after initial placement. The cost for this procedure is not included in the initial denture fee. I understand that it is my responsibility to return for delivery of dentures. I understand that failure to keep delivery appointments may result in poorly fitted dentures. If a remake is required due to my delay of more than 30 days, there may be additional charges.

Endodontic Treatment (Root Canal): I understand that there is no guarantee that root canal treatment will save a tooth. Complications can occur from the treatment and occasionally canal material may extend through the root tip which does not necessarily affect the success of the treatment. The tooth may be sensitive during treatment and even remain tender for a time after treatment. Hard to detect root fracture is one of the main reasons root canals fail. Since teeth with root canals are more brittle than other teeth, a crown is necessary to strengthen and preserve the tooth. I understand that endodontic files and reamers are very fine instruments and stresses 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.

Periodontal Loss (Tissue & Bone): I understand that this is a serious condition, causing gum and bone infection or loss and can lead to the loss of teeth and/or negative systemic conditions (including uncontrolled diabetes, heart disease, and pre-term labor). Treatment may involve the participation of an oral surgeon. Fees for his/her services are separate from our service fees. Alternative treatment will be explained to you (gum surgery, antibiotic/antimicrobial treatment, replacements, and/or extractions). I understand the success of any treatment depends in part on my efforts to brush and floss daily, receive regular therapeutic cleanings as directed, follow a healthy diet, avoid tobacco products and follow other recommendations. I understand bleeding could last for several hours. Should bleeding persist, particularly if it is severe in nature, it should receive attention and this office must be contacted. I understand that periodontal disease may have a future adverse effect on the long-term success of dental restoration work.

Implants: Implants are alternatives to bridge, partials or dentures. I understand that no dentistry is permanent and that ideal implant placement may not be possible based on anatomic limitations. This treatment may require the participation of an oral surgeon or periodontist. Fees for his/her services are separate from our service fees. I have been informed that there is always the possibility of failure resulting from the tissues of the body not physiologically accepting these artificial device, and that infections may occur post operatively which may necessitate removal of the affected implant(s). I realize there is the slight possibility of injury to the nerves of the face and tissues of the oral cavity, and this numbness may be of a temporary or, rarely, permanent in nature. I understand that is absolutely necessary with implant therapy to have regular periodic examinations and cleanings. I agree to assume the responsibility to make appointments and report as instructed by the treating dentist.

Sedative Fillings: Sedative fillings are temporarily. They are placed if near caries exposure of the nerve is suspected. If the tooth becomes symptomatic after 4-6 weeks, it is likely the tooth will need a root canal or it may need to be extracted. If the tooth is asymptomatic after 4-6 weeks, then the root has not been exposed. The sedative filling allows the tooth to lay down reparative dentin and will enable the Doctor to remove the decay and restore the tooth. I understand that any time a restoration is performed there is a possibility of trauma to the nerve of the tooth, which could result in varying degrees of sensitivity and complications including but not limited to the following: cold sensitivity, hot sensitivity, biting sensitivity, abscess, pulp necrosis. Most of the symptoms usually resolve as the nerve heals. Complications may arise resulting in the need for additional treatment. This may include one or more bite adjustments, replacement of the restoration due to open margins discovered after final cementation, root canal treatment or tooth removal.

Bleaching: Bleaching is a procedure done either in office or with take-home trays (several treatments over 2-4 weeks). The degree of whitening varies with the individual. The average patient achieves considerable change (1-3 shades on the dental shade guide). Coffee, tea, tobacco, red wine and other colored beverages will stain teeth after treatment and are to be avoided for at least 24 hours after treatment. I understand I may experience sensitivity of the teeth and /or gum inflammation, which may subside when treatment is discontinued. The Dentist may prescribe fluoride treatments to aid with sensitivity. Caramide peroxide and other peroxide solutions used in teeth bleaching are approved by the FDA as mouth antiseptics. Their use as bleaching agents has unknown risks. Acceptance of treatment means acceptance of risk. Pregnant women are advised to consult with their physician before starting treatment.

I understand that dentistry is not an exact science and that therefore reputable practitioners cannot properly guarantee results. I have carefully read above conformed consent and fully understand all risks as it relates to my case.

Name of Patient: _____ Name of Parent or Guardian: _____

Signature of Patient, Parent or Guardian: _____ Date: ____/____/____