

General Consent



Dentist: Dr. Kaushali Patel

Patient: _____

	INITIALS
<p>WORK TO BE DONE I understand that I am having at least one of the following done: X-rays, Examination, Fillings, Crowns, Bridges, Onlays, Root Canals, Dentures, Periodontal treatment and/or Other:</p>	
<p>DRUGS AND MEDICATION I understand that antibiotics, anesthetics, analgesics, and other medications can cause allergic reactions causing redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock. 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, which I have done.</p>	
<p>PARESTHESIA I understand that I may have loss of feeling in my teeth, lips, tongue, and surrounding tissue (paresthesia) following injections for local anesthesia with any procedure. Rarely, temporary, or permanent nerve injury and loss of feeling may result from an injection.</p>	
<p>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 fillings, crowns, bridges, or onlays. The dentist will explain all changes.</p>	
<p>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 crown, 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.</p>	
<p>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.</p>	
<p>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 denture (placement of denture immediately after extractions) may be painful. Immediate denture 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.</p>	
<p>OPEN WIDE I understand that holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore and may make it difficult for me to open wide for several days. This can occasionally be an indication of a further problem. I must notify your office if this or other concerns arise.</p>	
<p>NO TREATMENT CAUTION 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.</p>	
<p>EACH PERSON IS UNIQUE 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 the condition(s) listed above.</p>	

	INITIALS
I consent to the proposed treatment as described above.	_____
I have been informed of and accept the consequences if no treatment is administered.	_____
or	
I refuse to give my consent for the proposed treatment as described above.	_____
Signature of Patient	Date:

FOR COMPLETION BY DENTIST

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

Signature of Doctor/Hygienist:	Date:
Witness:	