

## DENTAL TREATMENT CONSENT FORM

Brian O. Coleman, DMD

Patient's Name \_\_\_\_\_

Please read the following information and sign at the bottom of form.

### **1. 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 or a filling into a crown. I give my permission to the Dentist to make any/all changes and additions as necessary.

### **2. REMOVAL OF TEETH**

I understand removing teeth does not always remove all the infection, if present, and it may be necessary to have further treatment. I understand the risks involved in having teeth removed, some of which are 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 (days or months) 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.

### **3. CROWNS AND BRIDGES**

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 or bridge (including shape, fit, size and color) will be before cementation.

### **4. ENDODONTIC TREATMENT (ROOT CANAL)**

I realize there is no guarantee that root canal treatment will save my tooth, and that complications can occur from the treatment, and that occasionally metal objects are cemented in the tooth or extend through the root, which does not necessarily affect the success of the treatment, I understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy).

### **5. FILLINGS**

I understand that a filling that was initially diagnosed may end up being more expensive due to additional decay found while working on the tooth. I understand that significant sensitivity can occur after the placement of a newly placed filling.

### **6. DENTURES**

I understand that the wearing of dentures is difficult. Sore spots, altered speech, and difficulty in eating are common problems. Immediate dentures (placement of dentures 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. If a remake is required after loss of bone structure or changes, charges will be incurred for a new denture.

I understand that dentistry is not an exact science and that, therefore, reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment which I have requested and authorized. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction. I consent to the proposed treatments when needed.

Signature of Patient \_\_\_\_\_

Date \_\_\_\_\_