

**Wendel Family Dental Centre
Consent for Dental Treatment**

Patient's Name

Date

PLEASE INITIAL EACH PARAGRAPH AFTER READING. IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTOR BEFORE INITIALING.

TREATMENT:

I understand I am having the following dental treatment performed:

- Sealants Fillings Crown/Bridge Bone Graft Extractions/Alveoplasty (Extraction Consent) Root Planing
- Root Canals (RCT Consent) Dentures (Denture Consent) Periodontal Treatment Apicoectomy (Endo Surgery Consent)
- Implants (Implants Consent) Gingivectomy Crown Lengthening Gum Graft Other: _____

Drugs and Medications:

I understand that antibiotics, analgesics, anesthetics and other medications can cause allergic reactions, resulting in redness and swelling of tissues, itching, pain, nausea and vomiting or more severe allergic reactions, including heart irregularities. I have informed the doctor of any known allergies. Certain medications may cause drowsiness and impair judgment. It is advisable not to drive or operate hazardous equipment when using such drugs. I understand that pain medications are meant to dull the pain and take the edge off and may not be effective for pain elimination.

1. **Sealants: Teeth:** _____

I understand that sealants are meant to help protect a tooth and to help prevent decay on the chewing surface of a tooth. A sealant is not guaranteed protection from decay. They may wear out and/or chip and may require periodic replacement. They are typically not covered by insurance.

2. **Fillings: Silver (Amalgam) Teeth:** _____ **White (Composite) Teeth:** _____

I understand that a more extensive restoration than originally planned may be required due to additional conditions discovered during preparation. I realize that fillings are rarely "permanent" and usually require periodic replacement. **I understand any time a tooth is prepared, for any reason, there is always irritation to the nerve of the tooth, which may result in post-operative sensitivity or, in some cases, permanent nerve damage requiring root canal treatment or removal of the tooth.** It is difficult to predict how your tooth may respond to treatment.

3. **Crowns and Bridges: Teeth:** _____

I understand that it is sometimes not possible to exactly match the color of natural teeth with artificial teeth. I further understand that I may be wearing temporary crowns that are prone to loosening and may need recementing. I will notify my doctor of that occurrence so that a temporary restoration is maintained until the final restoration is delivered. I understand that crowns and bridges are not permanent and may require replacement in as little as three years and that brushing, flossing, and regular cleanings are essential. I realize that any changes I may desire in color, shape, size, etc. of a crown must be made prior to final placement of the restoration. It is my responsibility to return within one month of tooth preparation for final cementation of the restoration. I understand I may need additional treatment if complications arise during treatment, and any costs thus incurred are my responsibility. Additionally, I understand that it is my responsibility to return within one month for a check to ensure that the crown or bridge has been placed to my satisfaction.

4. **Dentures (See Consent for Dentures)**

5. **Root Canal Therapy (See Consent for Root Canal Treatment): Teeth:** _____

I realize there is no guarantee that root canal treatment will save a tooth, and that complications can occur from treatment. I understand that an undetectable "hairline" crack in a tooth may cause failure, no matter how extensive therapy may be. A small percentage of root canals fail despite the best efforts. I understand that specialty care may be indicated if complications arise, such as the need for an apicoectomy.

6. **Extractions, Alveoplasty and/or Torus Removal (See Consent for Extraction of Teeth/Alveoplasty)**

I understand that alveoplasty (also called an alveoloplasty) is a surgical procedure that smoothes the jawbone. It is done in areas where teeth have been removed or lost. Alveoplasty can be done alone, but is usually done at the same time that teeth are extracted.

- _____ 7. **Bone Graft:** I understand that the graft I will be receiving is derived from human bone that has been collected, stored, and processed according to the Standards for Tissue Banking of the American Association of Tissue Banks and Food and Drug Administration Regulations. There have been no reports of disease transmission during the thirty plus year history of using freeze-dried bone for socket preservation.

- _____ 8. **Periodontal Treatment _____:** Periodontal disease can be a serious condition, causing gum and bone inflammation and/or loss and may lead to loss of permanent teeth. Possible treatment plans have been explained to me, including scaling and root planing (deep cleaning), gum surgery and bone grafting, extraction of teeth and tooth replacement. I understand that much of the success of periodontal treatment depends on my continuing home care and faithful adherence to following my doctor's instruction, including strict observance of cleaning appointments. I understand that care by a specialist may be necessary.

- _____ 9. **Apicoectomy (Endo Surgery Consent)**

- _____ 10. **Implants (Implants Consent)**

- _____ 11. **Gingivectomy:** I understand a gingivectomy is the surgical removal of gingiva (gum tissue) around a tooth or teeth to maintain general oral health. A gingivectomy can also be done cosmetically to remove excess gingiva. Some risks of a gingivectomy can be infection and/or bleeding at the surgery site. I further understand that regular check-ups and cleanings are essential in maintaining good oral health.

- _____ 12. **Crown Lengthening:** I realize that crown lengthening is one part in the process to save a tooth that has limited tooth structure above the gum line. I understand the surgical procedure may involve removal of gum tissue, bone or both to expose more of the tooth's structure. The healing time is usually 4-8 weeks before a permanent filling or crown can be placed. I may encounter bleeding, infection, and/or loosening of the tooth. During the healing process, I may experience hot and/or cold sensitivity.

- _____ 13. **Gingival (Gum) Graft:** I understand that grafts are typically placed in an attempt to reduce gum recession or prevent it from progressing. The graft is usually taken from another area within the mouth and is placed at or near the recession or problem area. Some risks include bleeding, pain, and infection. It is essential to have the graft checked at your regular cleaning appointments.

Changes in Treatment Plan:

I understand that during treatment it may be necessary to change or add procedures because of conditions discovered during treatment that were not evident during examination. I authorize my doctor to use professional judgment to provide appropriate care.

Alternative Treatment(s):

Include: _____

I understand that dentistry is not an exact science and that no specific results can be assured or guaranteed. I acknowledge that no such guarantees have been made regarding the dental treatment I have authorized. I understand that the treatment plan and fees proposed are subject to modification, depending upon unforeseen or undiagnosed conditions that may be recognized only during the course of treatment. I understand that any associated fees are my financial responsibility.

I have given a complete and truthful medical history including all medicines, drug use, pregnancy, etc.

CONSENT: I have had the opportunity to have all my questions answered by my doctor and I certify that I understand English. My signature below signifies that I understand the treatment and anesthesia that is proposed for me, together with the known risks and complications associated with that treatment. I hereby give my consent for the treatment I have chosen.

Patient's (or Legal Guardian's) Signature

Date

Witness' Signature

Date