



**Barnesville Family Dental Center
Freeport Family Dental Center
Informed Consent**

1. Examination and X-Rays

I understand that the initial visit may require radiographs (x-rays) in order to complete the examination, diagnosis, and treatment plan.

2. Drugs, Medication, and Sedation

I have been informed and understand that antibiotics, analgesics, and other medications can cause allergic reactions causing redness, swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). They may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs. I understand that failure to take medications prescribed for me in the manner prescribed may offer risks of continued or aggravated infection, pain, and potential resistance. I understand that antibiotics can reduce the effectiveness of oral contraceptives.

3. 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 teeth that were not discovered during the examination. The most common would be root canal therapy following routine restorative procedures. I give my permission to the dentist to make any or all changes and additions, as necessary.

4. Temporomandibular Joint (TMJ Dysfunctions)

I understand that symptoms of popping, clicking, locking, and pain can intensify or develop in the joint subsequent to routine dental treatment, where the mouth is held in the open position. However, symptoms of TMJ associated with dental treatment are usually transitory in nature and well-tolerated by most patients. I understand that, should the need for treatment arise, I will be referred to a specialist for treatment. Any cost associated with treatment would be my responsibility.

5. Restorations ("Fillings")

I understand that care must be exercised in chewing on a restoration during the first 24 hours to avoid breakage, and tooth sensitivity is a common after-effect of a newly placed restoration.

6. Removal of Teeth ("Extraction")

Alternatives to tooth removal have been explained to me (root canal therapy, crowns, periodontal surgery, etc.) and I authorize the dentist to remove necessary teeth. I understand that removing teeth does not always remove all infection, if present, and it may be necessary to have further treatment. I understand the following risks involved with having teeth removed: pain, swelling, spread of infection, dry socket, loss of feeling in my teeth, lips, tongue, and surrounding tissue (parasthesia), or fractured jaw. I understand that I may need further treatment by a specialist, or even hospitalization, if complications arise during or following treatment.

7. Crowns, 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 a temporary crown, which may come off easily. I must be careful to ensure the temporary crown is kept on until the permanent crown is delivered. I realize that the final opportunity to make changes in my new crown(s) or bridge will be done before cementation. Cosmetic procedures may result in the need for future root canal therapy, which cannot always be predicted. I understand that cosmetic procedures may affect tooth surfaces and may require modification of daily cleaning procedures.

8. Dentures – Complete or Partial

I realize that full or partial dentures are artificial, constructed of resin, metal, or porcelain. The side effects of wearing these appliances have been explained to me (looseness, soreness, and possible breakage). I realize the final opportunity to make changes in my new denture (including shape, fit, size, placement, and color) will be at the "wax try-in" appointment. I understand that most dentures require relining approximately 3 to 12 months after initial placement. The cost of the reline procedure is not included in the initial denture fee.

9. Endodontic Treatment (Root Canal Therapy)

I realize there is no guarantee that root canal treatment will save my tooth. Some complications can occur from treatment. I understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy).

10. Periodontal Therapy

I understand that I may have a serious condition causing gum inflammation and/or bone loss and that it can lead to the loss of my teeth. Alternative treatment plans have been explained to me (non-surgical cleaning, gum surgery, and/or extraction). I understand the success of treatment depends, in part, on my efforts to brush and floss at least twice daily, receive regular dental cleanings as directed, follow a healthy diet, and avoid tobacco products.

CONSENT: I understand that dentistry is not an exact science; therefore, reputable practitioners cannot guarantee results. I acknowledge that no guarantee has been made by anyone regarding the dental treatment which I have requested and authorized. I understand that each dentist is an individual practitioner and is individually responsible for the dental care rendered to me.

Signature _____ Date _____