



General Informed Consent for Dentistry

Dr. Sanford would like all of her patients to have knowledge of the risks and benefits of dental procedures. We ask that you review the procedures listed below and feel free to ask any questions. A treatment plan for all restorative work, which includes estimated fees and treatment-specific authorization, will be presented to you for your review and signature at the time treatment is recommended.

- **Examination & X-Rays:** Initial visits, as well as subsequent visits, may require radiographs in order to complete the examination, diagnosis, and treatment plan. Modern digital dental radiographs expose patients to very low doses of radiation. Diagnostic radiographs provide Dr. Sanford with valuable information about your teeth and supporting bone that cannot otherwise be evaluated. Our office takes the minimum x-rays that allow us to do a thorough exam for each patient. Without these radiographs, we cannot provide a complete exam of the entire mouth and jaw. We may also take photographs of our patients as part of your permanent record; we will not release these photographs to anyone without your permission.
- **Medical History:** It is important that you inform the office of any medicines that you are taking, prescribed or over the counter, each time that you come to an appointment, as some medications can cause harmful reactions with dental anesthetics
- **Drugs and Medication:** Antibiotics, 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 understand that failure to take medication in the manner prescribed may offer risks of continued or aggravated infection, pain, and potential resistance to effect treatment of my condition. Use of antibiotics can reduce the effectiveness of oral contraceptives. . Risks of local anesthesia may include temporary or permanent numbness and/or bruising.
- **Changes in Treatment:** 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.
- **Temporomandibular Joint Dysfunction (TMJ):** Symptoms of popping, clicking, locking and pain can intensify or develop in the joint of the lower (near the ear) jaw subsequent to routine dental treatment wherein the mouth is held in the open position. However, symptoms of TMJ associated with dental treatment are usually temporary 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, and the cost is my responsibility.
- **Removal of Teeth:** Alternatives will be explained to you (root canal therapy, crowns, and periodontal surgery, etc). 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) or fractured jaw. Further treatment by a specialist or even hospitalization if complications arise during or following treatment would be your responsibility.
- **Crowns, Bridges, & Veneers:** Sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. You may wear temporary crowns, which may come off easily. You will need to be careful to ensure that they are kept on until the permanent crowns are delivered. If a temporary crown comes off, I understand that I should call the office. The final opportunity to make changes to a new crown or bridge (including shape, fit, size,

or color) must be done at the preparation appointment. If whitening of the teeth is desired, it is recommended to whiten prior to restorations as we are unable to predict how much, if at all, the teeth will lighten.

- **Dentures & Partials:** These prostheses are artificial, constructed of acrylic, metal and/or porcelain. Problems encountered wearing these appliances includes looseness, soreness, and possible breakage. Most require relining approximately three to twelve months after initial placement; the cost for this procedure is not included in the initial fee.
- **Endodontic Treatment (Root Canal):** There is no guarantee that root canal treatment will save a tooth. Complications can occur from treatment, and occasionally metal objects are cemented in the tooth or extended through the root which does not necessarily affect the success of the treatment. Occasionally, additional surgical procedures, such as an apicoectomy, may be necessary following root canal treatment.
- **Periodontal Treatment:** This is a serious condition, causing gum and bone infection or loss and can lead to the loss of teeth. Alternative treatment will be explained to you (gum surgery, replacements, and/or extractions). The success of treatment depends, in part, on my efforts to brush and floss daily, receive regular cleanings as directed, follow a healthy diet, avoid tobacco products, and follow other recommendations.
- **Implants:** They are permanent alternative to bridges, partials, or dentures. This process involves several steps and could last from 2-6 months before complete (depending on healing time needed). As with crowns, color may not match perfectly with natural teeth.
- **Sealants:** There is no guarantee that a sealant will prevent all cavities. They do, however, form a hard shield that keeps food and bacteria from getting into tiny grooves and causing decay along the chewing surfaces of the back teeth. Occasionally sealants need to be replaced, since they do not last a lifetime. We do, however, warranty our sealants for 2 years, provided that the patient is seen twice a year for prophylaxis visits. Sealants can be done at any age as long as the teeth are free of decay and fillings. The doctor will determine the best time to have it done.
- **Fillings:** There is a risk of sensitivity and/or soreness after replacement of fillings. The life of fillings is prolonged with daily oral care including, but not limited to, flossing and brushing. I understand that a more extensive filling than originally diagnosed may be required due to additional decay or the condition of the remaining tooth structure. I understand as well that, in some cases, root canal treatment may be required following a restoration. I realize that a large filling may not be a good long-term solution and may lead to tooth breakage that will require further treatment.

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 that 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.

Patient Name: _____

Patient or Guardian Signature: _____

Date: _____