



General

I have been examined by a licensed dentist and the nature of my problems has been explained to me including the risks, benefits, and alternatives to the proposed treatment. I have been given an opportunity to ask the dentist any questions pertaining to my condition and/or treatment. The treatment proposed may need to be modified during the procedure. I understand that every effort will be given to inform me during the procedure as to changes in outcome. I understand that Mid-Delta Health Systems, Inc. cannot be held responsible for completed dental work if I fail to keep regular recommended recall visits.

Medications

I understand that medications prescribed may have certain side-effects. The significant ones, including antibiotics effects on birth control, have been explained to me by the dentist or dental team. I understand further information can be obtained by questioning the prescribing doctor or pharmacist. I understand that an injection of local anesthetic may be needed prior to the initiation of treatment of treatment. In rare cases patients have had allergic or adverse reactions to the anesthetic, or temporary to permanent injury to nerves and/or blood vessels from the injection.

Fillings

Fillings are needed to restore damaged teeth due to decay, injury, etc. I understand that I may have a period of sensitivity after fillings are placed. In cases of persistent or worsening sensitivity further treatment may be needed at patient cost. I understand that, unless otherwise specified, tooth colored restorations will be placed if fillings are needed. It is important to know that many insurance companies only pay for silver fillings, and I am responsible for the difference in cost in some instances. Tooth colored restorations rely on bonding procedures. In some cases the bond fails, and the filling may need to be repaired. These fillings may or may not be placed at the patients cost, depending upon the dentist's discretion.

Crowns, Veneers, Bridges

A crown, veneer, or bridge is sometimes used to repair or replace missing teeth. A dental laboratory fabricates the prosthesis. It is sometimes impossible to exactly match the color of natural teeth with artificial teeth. I understand that I may be wearing a temporary crown which may come off easily. Care must be taken to avoid things to break or remove the temporary crown. Research has shown that a minority of teeth prepared for crowns, veneers, or bridges may become problematic and need root canal therapy in the future. I understand that future treatment needed due to this will be the patient's responsibility.

Partials, Complete Dentures

I realize partials are artificial teeth constructed of medical grade resin materials. The problems of wearing these appliances have been explained to me including: looseness, soreness, and possible breakage. I understand that there are different materials and methods to fabricate these prostheses. I have been explained clearly the differences including: price, chewing capacity, fit, and retention.

Root Canal Therapy

Research has shown that 90-95% of root canals resolve pain by healing infection of the tissues in and around the tooth. I understand there is no guarantee that root canal therapy will save my tooth, as failures still can occur. Occasionally files may be separated or materials may be extruded beyond the end of the tooth. In those and any other findings, I will be fully informed during the procedure. At the end of the appointment I will have time to discuss any findings with the dentist and their affect, or lack thereof, on the successfulness of treatment. I further understand that the treatment is not complete on the tooth until a final restoration is placed, such as a crown or bridge.

Gum Disease

I understand that gum disease treatment is aimed at preventing disease progression and tooth loss. Failure to keep recommended recall visits will greatly compromise my chances of treatment being effective. The nature of gum disease and its long-term effects on my teeth, existing dental work, and any future dental treatment have been explained to me. It is important to note that no warranty can be made for dental work that exists alongside untreated gum disease.

Tooth Removal

The tooth/teeth to be removed have been described to me to sufficiently understand which tooth/teeth are being removed. Available alternatives have been presented to me including their probability of success. Available tooth replacement options have been explained to me. I understand that bleeding, swelling, bruising may very well occur. Damage to surrounding tissues may inevitably occur such as nerve, bone, or sinus damage. I understand that 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.

After Hour Care

After hours care is available for patients of record. The emergency phone number is recorded on our answering machine. On occasion, a prompt return call may not be possible. In this case please seek attention at a local hospital or emergency care facility.

Signed _____ Date _____
Supervising Dentist _____ Date _____
Witness _____ Date _____