

## CONSENT FOR DENTAL TREATMENT

I have read and understand the risks, benefits, and possible complications of dental treatment. I consent to performing whatever is necessary to diagnose and treat what has been planned. These may include the use of x-rays, local anesthesia, and other medications. I have been advised of and understand the options for treatment, and any questions have been answered. I also understand that complications could change treatment. I agree to the dentist's judgment in performing my treatment.

### Cleaning and Scaling of teeth \_\_\_\_\_

**Possible complications:** pain, bleeding, swelling, lacerations, infections, sensitivity to hot or cold, breakage of fillings crowns or teeth

**Benefits:** teeth look and feel nicer, cleaner breath, prevent or slow the progress of gum disease.

### Fillings of the teeth \_\_\_\_\_

**Possible complications:** pain, sensitivity to hot or cold, nerve damage leading to the need for root canal treatment, broken teeth, T.M.J. pain.

**Benefits:** remove decay, fill hole in tooth, fix broken tooth, relieve pain, look better, and chew better.

**Consequences of no treatment:** decay will get larger, tooth could break, may lose tooth and may need root canal treatment, pain, infection.

### Extractions or surgery \_\_\_\_\_

**Possible complications:** pain, infection, swelling, numbness, fractured jaw, need for more surgery by a specialist, T.M.J. complications.

**Benefits:** remove infection, avoid infection of non-restorable teeth.

**Consequences of no treatment:** pain, swelling, and infection.

### Root canal treatment \_\_\_\_\_

**Possible complications:** pain, infection, swelling, the possible need for extraction if the treatment fails, failure of treatment due to undiagnosed fractures, extra canals, separation of files.

**Benefits:** remove infection, relieve pain, and retain the tooth.

**Consequences of no treatment:** infection, tooth loss, pain.

### Crown of Bridge \_\_\_\_\_

**Possible complications:** pain, the need for root canal treatment now or in the future, hot or cold sensitivity, porcelain fracture, crown may loosen, recurrent decay in the future.

**Benefits:** to look better, restore a tooth that could not or would be difficult to fill, fix a broken tooth, replace a missing tooth.

**Consequences of no treatment:** tooth might fracture requiring extraction.

**Options:** instead of a bridge the tooth may be replaced with an implant or a partial denture.

### Dentures or Partials \_\_\_\_\_

**Possible complications:** decay under clasps, may loosen teeth, clasps may be visible.

**Benefits:** costs less than bridgework do not always have to remove tooth structure.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

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