



PERSONALIZED DENTISTRY OF LANCASTER

Dental Treatment Consent Form

Patient Name: _____

Date: _____

1. **Work to be Done:** I understand that I am having the following procedures performed today: Filling(s) _____ Crown(s) _____ Bridge(s) _____ Extraction(s) _____ Root Canal(s) _____ Veneer(s) _____ Scaling and Root Planing _____ Other _____

Initials _____

2. **Drugs and Medications:** I understand that any antibiotics, analgesics or other medications prescribed to me by Dr. Ney, and any anesthetics used during procedures may cause an allergic reaction which may manifest as redness, swelling of tissues, pain, itching, nausea, vomiting and/or anaphylactic shock (a severe allergic reaction).

Initials _____

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 the tooth/teeth that were not discovered during examination, the most common being root canal therapy following routine restorative procedures. I give my permission for Dr. Ney to make any/all changes and additions as necessary.

Initials _____

4. **Extraction of Tooth/Teeth:** Alternatives to removal of the indicated teeth have been explained to me and I authorize Dr. Ney to remove the following teeth:

_____ and any others necessary for reasons in paragraph #3. I understand that removing teeth does not always remove all of the infection, if present, and it may be necessary to have further treatment. I understand the risks involved in having teeth removed, some of which are pain, swelling, spread of infection, dry socket, breakage of other teeth or restorations, loss of feeling in my teeth, lips, tongue and surrounding tissue (called paresthesia) that can last for an indefinite period of time and may be permanent, or fractured jaw. In some cases a surgical extraction may be necessary which may involve cutting gum tissue and removing bone. I understand I may need further treatment by a specialist or even hospitalization if complications arise during or after treatment, the cost of which is my responsibility. I also understand that TMJ complications may arise.

Initials _____

5. **Crowns, Veneers, Bridges:** I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I also understand that it is not always possible to place a permanent crown, veneer or bridge on the tooth/teeth the day of tooth preparation due to certain conditions, and that I may be wearing temporary crowns or bridges, which are cemented with temporary cement and may come out easily. I understand that I must take care to ensure that the temporary remains intact until the permanent crown or bridge is inserted. I realize that the final opportunity to make changes to my new crown(s), veneer(s) or bridge(s), including shape, shade (color) fit and size is prior to permanent cementation.

Initials _____

6. **Dentures (Complete, Partial or Immediate):** I understand that dentures are constructed of artificial materials (acrylic, metal, plastic or porcelain). The problems of wearing these appliances have been explained to me, including soreness, looseness, altered speech, and possible breakage. I realize that the final opportunity to make changes in my new dentures, including size, shape, fit, placement and color, will be at the wax try-in visit (when the teeth are still in wax). I understand that new dentures may require a number of adjustments to get a proper and comfortable fit. I am aware that the placement of immediate dentures after extractions may be painful and require significant adjustments, several temporary relines and a permanent reline after 6 months of healing post extractions. A permanent reline is not included in the cost of the immediate denture.

Initials _____

7. **Endodontic Treatment (Root Canal):** I realize that there is no guarantee that root canal treatment will save my tooth/teeth, and that complications can occur from the treatment, and that cement or sealer may extrude from the root(s) of the tooth, and on rare occasions files used to perform the root canal may separate and have to be cemented in the tooth. This does not necessarily effect the success of the treatment. I also understand that sometimes even after a root canal is completed that the tooth may not heal properly and that I may need additional surgical procedures such as re-treatment or apicoectomy (removal of root tip). I understand that the tooth may be lost in spite of all efforts to save it. In some cases decay may be deemed too extensive requiring extraction of the tooth/teeth.

Initials_____

8. **Periodontitis:** I understand that I have a serious condition that involves inflammation of the gingiva (gums) and bone loss that can lead to loss of my teeth. Treatment of this condition involves scaling and root planning (deep cleaning) that often involves the areas to be treated to be anesthetized. I understand that after scaling and root planning I may be sore and that my teeth may be looser for a while as the tissues heal. .Alternative treatment plans have been explained to me, including gum surgery, replacements and/or

extractions. If this condition is not treated properly it will progress, leading to possibly more serious infections and tooth loss. This condition may require referral to a specialist (Periodontist) for treatment.

Initials _____

9. **Fillings:** I understand that the most common complications after fillings are pain, lingering sensitivity to temperature or chewing, nerve damage, damage to other teeth and occlusal discrepancies (bite is off). I may need to return for a bite adjustment or evaluation for post-treatment discomfort. I understand that sensitivity usually resolves over time.

Initials _____

Signature of Patient, Parent, Guardian of Personal Representative

Date