

Informed Consent Form

1. EXAMINATION AND X-RAYS*

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

I authorize photos, slides, X-rays or any other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry and reimbursement purposes. My identity will not be revealed to the general public without my permission

2. DRUGS, MEDICATION, AND SEDATION*

I have been informed and understand that antibiotic, 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 and fully agree not to operate any vehicle or hazardous device for at least 12 hours or until fully recovered from the effects of the anesthetic medication and drugs that may have been given to me in the office for my treatment. 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 to effect treatment of my condition. I understand that few 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 examination, the most common being root canal therapy following routine restorative(filling)procedures. I give my permission to the Dentist to make any or all changes and additions as necessary.

4. TEMPOROMANDIBULAR JOINT DYSFUNCTIONS (TMJ)*

I understand that symptoms of popping, clicking, locking and pain can intensify or develop in the joint of the lower jaw(near the ear) subsequent to routine dental treatment wherein 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, then I will be referred to a specialist for treatment, and the cost of which is my responsibility.

5. FILLINGS*

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

6. REMOVAL OF TEETH (EXTRACTION)/WISDOM TEETH REMOVAL/ORAL SURGERY*

Alternative to removal has been explained to me (root canal therapy, crowns, periodontal surgery, etc.) and I authorize the Dentist to remove the mentioned teeth and any others necessary for the reasons well explained and understood by me. I understand removing teeth does not always remove all infection if present and it may be necessary to have further treatment. I understand 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. I understand that I can choose to be referred out for a general anesthetic at a hospital or for overall management by an Oral & Maxillofacial Surgeon. I understand that Operator is not a specialist Oral & Maxillofacial surgeon, but a general Dental Surgeon who has routinely practiced oral surgery, such as wisdom teeth removal/ is a specialist Oral & Maxillofacial surgeon. I understand that Removal of teeth, wisdom teeth removal and oral surgery, like any surgical procedure, are not without risk. I understand why this treatment has been recommended. I understand the nature of the surgical procedure and have had opportunity to discuss it with the operator. I have been given options for anesthesia and have chosen: Local anesthetic only.

I understand the risks involved in having teeth/wisdom teeth removal/oral surgery, some of which include:

Swelling and stiffness of the jaw – usually lasting about a week.

Bleeding – usually easily controlled and rarely requiring medical attention.

Pain and discomfort – usually well controlled by prescribed pain killers.

Infection – uncommon, particularly if good oral hygiene is maintained after surgery.

Dry socket – leading to a persistently painful tooth socket which can be slow to heal, and which would require further management (most common with smokers).

Damage to adjacent teeth and fractures of the mandible – a very rare complications and will be advised if this risk applies to me.

Loss of feeling in my teeth, lips, tongue, and surrounding tissue (paraesthesia) that

can last for an indefinite period of time. Numbness, tingling and altered sensation of the lip, chin, tongue, gums and back teeth – this is due to the proximity of two nerves which supply these areas, to lower wisdom teeth. If this takes place, it can last for months and very rarely be permanent.

Sinus perforation, communication or root displacement – can take place where an upper back tooth root

which protrudes into the maxillary sinus is removed. A second surgical procedure may be required to manage such problems.

Allergy or other adverse reaction to drugs which are administered – such as anaesthetics and sedatives. The risks and benefits for the procedure have been discussed with me to my satisfaction, including the risks and benefits of no 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 temporary crowns, which may come off easily and that I must be careful to ensure that they are kept on until the permanent crowns are delivered. I realized that the final opportunity to make changes in my new crowns, bridge or cap (including shape, fit, size, placement, and color) will be done before cementation. It has been explained to me that, in very few cases, cosmetic procedures may result in the need for future root canal treatment, which cannot always be predicted or anticipated. 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 plastic, metal and or porcelain. The problems of wearing those appliances have been explained to me including 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 “teeth in wax” try-in visit. I understand that most dentures require relining approximately three to twelve months after initial placement. The cost for this procedure is not included in the initial denture fee.

9. ENDODONTIC TREATMENT (ROOT CANAL TREATMENT)*

I understand conservative root canal therapy or endodontic surgery might be required for complete treatment of the tooth and consent to the performing of endodontic treatment (RCT) decided upon to be necessary or advisable in the opinion of the doctor. I understand that root canal treatment is an attempt to save a tooth that might otherwise required extraction. Although root canal therapy has a very high degree of success, it cannot be guaranteed.

I realize there is no guarantee that root canal treatment will save my tooth and complications can occur from the treatment and that occasionally metal objects are cemented in the tooth, or extend through the root, which does not necessarily affect the success of the treatment. I understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy).

Possible risks specific to endodontic therapy that may occur from endodontic treatment and other treatment choices include:

The possibility of instruments breakage within the root canals: extra openings of the crown or root of the tooth.

Damaged bridges, existing fillings, crowns or porcelain veneers.

Loss of tooth structure in gaining access to canals.

Cracked teeth.

During treatment, complications may occur which make treatment impossible or which may require dental surgery.

Other Treatment Choices include no treatment, waiting for more definite development of symptoms or tooth extraction. Risks involved in these choices might include pain, infection, swelling, loss of teeth and infection to other areas.

10. PERIODONTAL TREATMENT*

I understand that I have a serious condition causing gum inflammation and/or bone loss which weakens support of my teeth by separating the gums from the teeth. This separation of the gums (pockets) allows for greater accumulation of bacteria under the gum and can result in further erosion or loss of bone and gum supporting the roots of my teeth can also be destructive for the bone that supports the teeth which can lead to the loss of my teeth and has other adverse consequences. Alternative treatment plans have been explained to me, including non-surgical cleaning, gum surgery and/or extractions. I understand the success of a treatment depends in part on my efforts to brush and floss daily, receive regular cleaning as directed, following a healthy diet, avoid tobacco products and follow other recommendations.

I have been recommended periodontal surgery. I understand that sedation may be utilized and that a local anesthetic will be administered to me as part of the treatment. I further understand that antibiotics and other substances may be applied to the roots of my teeth. During this procedure, my gum will be opened to permit better access to the roots and to the eroded bone. Inflamed and infected gum tissue will be removed and the root surfaces will be thoroughly cleaned. Bone irregularities may be reshaped and bone regenerative material may be placed around my teeth. My gum will then be sutured back into position and a periodontal bandage or dressing may be placed. I further understand that unforeseen conditions may call for a modification or change from the anticipated surgical plan. These may include, but are not limited to:

1. Extraction of decayed teeth to enhance healing of adjacent teeth.

2. The removal of a decayed root of a multi-rooted tooth so as to preserve the tooth.
3. Termination of the procedure prior to completion of all the surgery originally outlined.

I understand purpose of periodontal surgery is to reduce infection and inflammation and to restore my gum and bone. The surgery is intended to help me keep my teeth in the operated areas and to make my oral hygiene effective.

I understand that a small number of patients do not respond successfully to periodontal surgery and in such cases, the involved teeth may eventually be lost. Periodontal surgery may not be successful in preserving function or appearance. Because each patient's condition is unique, long-term success may not be possible.

I understand that complications may result from the periodontal surgery, drugs or anesthetics.

These complications include, but are not limited to: post-surgical infection, bleeding, swelling and pain, facial discoloration, transient but on occasion permanent numbness of the jaw, lip, tongue, teeth, chin or gum (more likely with performing a connective tissue or free gingival grafting procedure), jaw joint injuries or associated muscle spasm, tooth sensitivity to hot, cold, sweet or acidic foods, shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for few days or more, impact on speech, allergic reactions and accidental swallowing of foreign matter. The exact duration of any complications cannot be determined and may be irreversible. There is no method that will accurately predict or evaluate how my gum and bone will heal. I understand that there may be a need for a second procedure if the initial results are not satisfactory. In addition, the success of periodontal procedures can be affected by medical condition, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene and medications that I may be taking.

I understand that alternatives to periodontal surgery include:

1. Possible advancement of my condition may result in premature loss of teeth.
2. Extraction of teeth involved with periodontal disease.
3. Non-surgical scraping of tooth roots and lining of the gum (scaling and root planing), with or without medication, in an attempt to further reduce bacteria and tartar under the gumline.

I understand that it is important for me to see my dentist on a regular basis. Existing restorative dentistry can be an important factor in the success or failure of periodontal therapy. From time to time, my dentist may make recommendations for the placement of restorations, the replacement or modification of existing restorations, the joining together of two or more of my teeth, the extraction of one or more teeth, the performance of root canal therapy or the movement of one, several or all of my teeth. I understand that the failure to follow such recommendations could lead to ill effects. I recognize that natural teeth and their artificial replacements should be maintained daily in a clean, hygienic manner. I will need to come for appointments following my surgery so that my healing may be monitored and my dentist can evaluate and report on the outcome of surgery upon completion of healing. Smoking or alcohol intake may adversely affect gum healing and may limit the successful outcome of my surgery.

I know that it is important (1) to abide by the specific prescriptions and instructions given by the dentist and (2) to see my dentist for periodic examination and preventive treatment. Maintenance also may include adjustment of prosthetic appliances.

I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. In most cases, the treatment should provide benefit in reducing the cause of my condition and should produce healing which will help me keep my teeth. Due to individual patient differences, however, a dentist cannot predict certain success. There is a risk of failure, relapse, additional treatment or even worsening of my present condition, including the possible loss of certain teeth, despite the best of care.

11.DENTAL IMPLANTS*

After a careful oral examination and study of my dental condition, my dentist has advised me that my missing tooth/teeth may be replaced with artificial teeth supported by dental implants to be implanted into the jawbone under Local Anesthetic Anesthesia.

I understand that this surgical phase is followed by a prosthetic phase where artificial dentures, bridges or crowns are placed by the dentist. I understand that sedation may be utilized and that a local anesthetic will be administered to me as part of the treatment. My gum tissue will be opened to expose the bone, implants will be placed and the gum tissue will be sutured during the healing phase. I understand that the healing phase of surgery varies from patient to patient and case to case, but typically last between 2-6 months. I understand that dentures or partial dentures that place pressure on the surgical site are to be avoided for 1-2 weeks following surgery. I further understand that if during surgery the clinical situations turn out to be unfavorable for the implant, Doctor will make a professional judgment to manage this. This includes canceling the procedure, supplemental bone and soft tissue grafting to allow placement, gum closure and security of the dental implants. These procedures might be done in conjunction or separately from the implant placement.

I understand that some implants require second stage surgeries. Overlying tissues will be opened at the

appropriate time and the stability of the implant will be verified. If the implant appears satisfactory, an attachment will be connected to the implant. The artificial crown fabrication may begin after healing of this soft tissue. The purpose of dental implants is to allow me to have more functional artificial teeth and an improved appearance. The implants provide support, anchorage and retention for the artificial replacement. I understand that a small number of patients do not respond successfully to implant placement. In such cases, implants may have to be removed and replaced. Because each patient's conditions are unique, long-term success may not occur. I understand that complications may result from the implant surgery, drugs or anesthetics. There is no method that will accurately predict or evaluate how my gum and bone will heal. I understand that there may be a need for a revision procedure if the initial results are not satisfactory. In addition, the success of dental implant procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene and medications that I may be taking.

To my knowledge, I have reported any prior drug reactions, allergies, diseases, symptoms, habits or conditions which might in any way relate to this surgical procedure. I understand that my diligence in providing the personal daily care recommended by Dentist and taking all medications as prescribed are important to the ultimate success of the procedure. I understand that alternatives to dental implant surgery include: No treatment, removable appliances and other procedures depending on circumstances.

I understand that it is important for me to continue regular visits to dentist. Implants, natural teeth and appliances must be maintained in a clean, hygienic manner. Implants and appliances should be examined by the dentist periodically. I have been fully informed of the nature of implant surgery, the procedure to be utilized, the risks and benefits of implant surgery and the selected anesthesia, the alternative treatments available and the necessity for follow-up and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with the operator.

12. PAEDIATRIC DENTISTRY*

I understand each regular examination visit consists of oral hygiene instructions/cleaning of the teeth/topical application of fluoride if required, radiographs (X-rays) if needed and examination of the teeth, hard and soft tissues of the mouth and the bite. Any other treatment needed such as fillings, caps, extractions, etc. will be performed at a separate appointment after obtaining my permission.

I understand that use of local anesthesia, by injection, to numb the teeth will result in Numbness usually lasting from 1 ½ to 3 hours, rarely causing Allergic reactions. I will caution my child not to bite the numb lip and cheek. I fully understand there is a possibility of surgical and/or medical complications developing during or after the procedure. I further authorize to perform treatment to preserve the dental health of my child. I further understand that this consent will remain in effect until such time that I choose to terminate it.

BEHAVIOUR MANAGEMENT TECHNIQUES

Among the behaviours that can interfere with the proper provision of quality dental care are: Hyperactivity, resistive movements, refusing to open the mouth or keep it open long enough to perform the necessary dental treatment and even aggressive or physical resistance to treatment, such as kicking, screaming and grabbing the dentist's hands or the sharp dental instruments.

All efforts will be made to obtain the cooperation of the child dental patients by the use of warmth, friendliness, persuasion, humour, charm, gentleness, kindness and understanding. There are several behaviour management techniques that are used by dentists to gain the cooperation of child - patients to eliminate disruptive behaviour or prevent them from causing injury to themselves due to uncontrollable movements. The more frequently used paediatric dentistry behaviour management techniques are as follows:

Tell-show-do: The dentist or assistant explains to the child what is to be done using simple terminology and repetition and then shows the child what is to be done by demonstrating with instruments on a model or the child's or dentist's finger. Then the procedure is performed in the child's mouth as described. Praise is used to reinforce cooperative behaviour.

Positive reinforcement: This technique rewards the child who displays any behaviour which is desirable. Rewards include compliments.

Voice control: The attention of a disruptive child is gained by changing the tone or increasing the volume of the dentist's voice. Content of the conversation is less important than the abrupt or sudden nature of a command.

Mouth props: A rubber or plastic device is placed in the child's mouth to prevent closing when a child refuses or has difficulty maintaining an open mouth.

Sedations: Sometimes drugs are used to relax a child who does not respond to other behaviour management techniques or who is unable to comprehend or cooperate for the dental procedures. These drugs may be administered orally, by injection or as a gas (nitrous oxide and oxygen).