

CONSENT FOR DENTAL TREATMENT

PLEASE INITIAL EACH PARAGRAPH AFTER READING. IF YOU HAVE ANY QUESTIONS, PLEASE ASK DOCTOR BESPERKA BEFORE INITIALING.

____ 1.) TREATMENT:

I understand that certain inherent and potential risks are associated with any treatment. And, that it is impossible for a dentist to present and discuss all of the remote possible risks and complications. I understand that I may have the following dental procedures performed: Fillings, Crowns, Bridges, Dentures, Extractions, Root Canals, Periodontal Treatment, or other work necessary. The most probable complications are represented below.

____ 2.) DRUGS AND MEDICATIONS:

I understand that antibiotics, analgesics, anesthetics, and other medications can cause allergic reactions, resulting in redness and swelling of tissues, itching, pain, nausea and vomiting, or more severe allergic reactions. I have informed the doctor of any known allergies. Certain medications may cause drowsiness and it is advisable not to drive or operate hazardous equipment when using such drugs.

____ 3.) RISKS OF DENTAL ANESTHESIA:

I understand that pain, bruising, and occasional temporary or sometimes permanent numbness in lips, cheeks, tongue, or associated facial structures can occur with "shots". About 90% of these cases resolve themselves in less than 8 weeks. Although very rarely needed, a referral to a specialist for evaluation and possible treatment may be needed if the symptoms do not resolve.

____ 4.) FILLINGS:

I understand that a more extensive restoration than originally planned, or possibly root canal therapy, may be required due to additional conditions discovered during preparation. I understand that significant changes in response to temperature may occur after tooth restoration. I realize that fillings are not "permanent" and usually require periodic replacement with additional fillings and/or crowns.

____ 5.) CROWNS, BRIDGES, INLAYS, AND ONLAYS

I understand that it is sometimes not possible to exactly match the color of natural teeth with artificial teeth. I further understand that I may be wearing temporary crowns that are prone to loosening and may need recementing. I realize that any changes I may desire in color, shape, size, etc. of a crown must be made prior to final fabrication. It is my responsibility to return within one month of tooth preparation for final cementation of the restoration. I understand I may need further treatment in this office or possibly by a specialist if complications arise during treatment, and any costs thus incurred are my responsibility.

____ 6.) DENTURES:

I understand that wearing dentures is not a simple process, that chewing efficiency will be diminished, and that dentures are not "permanent". I also understand that, while I will no longer suffer from dental decay or infection, I could experience denture related problems such as: shrinking bone and gums, poor chewing ability, altered speech, reduced taste and constant denture movement. Most denture wearers become used to these symptoms quickly while others take time, and there is a small number of patients who never do. Immediate dentures (placement of a denture immediately after extractions) may be quite uncomfortable for several days. Immediate dentures require frequent adjustments and one or more permanent relines within several months. I understand that failure to keep appointments may result in a less than desirable outcome. If a remake is required due to my delay additional fees may be incurred.

____ 7.) EXTRACTIONS:

Alternatives to tooth removal include root canal therapy, extensive restoration, periodontal (gum) treatment, and crowns. I understand that removing teeth does not always remove existing infection and that further treatment may be necessary. I understand that the risks of removing teeth include, but are not limited to:

Postoperative discomfort, swelling, and bleeding that may require a period of home recuperation.

Postoperative infection that may require additional treatment including other surgical procedures.

Stretching of the corners of the mouth with resultant cracking and bruising.

Limited opening of the mouth and jaws during the postoperative period.

Decision by the Dentist to leave portions of the tooth root in the jaw when its removal would increase your risk of complications and/ or would require extensive surgery.

Fracture of the jaw bone.

Injury to adjacent teeth, fillings, gums or bone, which could require additional procedures.

Nerve injury resulting in a numbing or tingling of the chin, lip, tongue, cheeks, or gums that may persist for several weeks, months, or in remote instances, permanently.

Opening of the maxillary sinus that does not close in the healing process. This condition would require surgery. Temporomandibular joint (TMJ) injury or aggravation of existing condition, which could require treatment including a surgical procedure.

I understand that further procedures and/or further care by a specialist may be needed if complications arise during or after treatment. And, that any associated costs incurred are my responsibility.

8.) PERIODONTAL DISEASE:

Periodontal disease can be a serious condition causing gum and bone inflammation and/or loss. It may lead to the loss of permanent teeth. Possible treatment plans have been explained to me, including root planing (deep cleaning), gum surgery, bone grafting, extraction of teeth, and tooth replacement. I understand that much of the success of periodontal treatment depends on my continuing home care and faithful adherence to following my doctor's instructions, including strict observance of continuing care appointments I understand that care by a specialist may be necessary.

9.) ROOT CANAL THERAPY:

I realize root canal therapy has about a 95% success rate. However, there is no guarantee that root canal treatment will save a tooth. During the procedure some complications or conditions might arise which may require an extraction or a referral to a specialist. These complications or conditions may include:

Extensive decay or fractures making the tooth non-restorable. Fractures are one of the main reasons why root canals fail. Unfortunately, some cracks that extend from the crown down into the root are not visible and are hard to detect. They can occur on uncrowned teeth from traumatic injury, biting on hard objects, habitual clenching and/or grinding, or even just normal wear and tear. Whether the fracture occurs before or after the root canal, the tooth may have to be extracted.

Root canal files are extremely fragile instruments that may separate and lodge within the canal. This may or may not affect the success of the treatment.

With some teeth, conventional root canal therapy alone may not be sufficient. For example, if the canals are severely curved, or calcified shut, or if there is substantial or long-standing infection in the bone around the roots, or if a file separates and lodges within the canal, the tooth may require an additional surgical procedure by a specialist.

Since teeth with root canals are more brittle than other teeth, a crown is recommended to limit the possibilities of fracture and future damage. This is especially important on all posterior teeth, being the molars and bicuspid teeth.

There are alternatives to root canal therapy. They include extraction with nothing to fill the space; or extraction followed by a fixed bridge, a removable denture, or an implant to fill the space.

I understand that specialty care may be indicated if complications arise and any additional costs are my responsibility.

10.) CHANGES IN TREATMENT

I understand that during treatment it may be necessary to change or add procedures because of conditions discovered during treatment that were not evident during examination. I authorize Dr. Besperka to use his professional judgement to provide appropriate care.

I understand that dentistry is not an exact science and that no specific results can be assured or guaranteed. I acknowledge that no such guarantees have been made regarding the dental treatment that I have authorized. I understand that the treatment plan and fees proposed are subject to modification, depending upon unforeseen or undiagnosed conditions that may be recognized only during the course of treatment.

CONSENT: I have had the opportunity to have all my questions answered by my doctor, and certify that I understand and can read English. My signature below signifies that I understand the treatment and anesthesia that is proposed for me, together with the known risks and complications associated with that treatment. I hereby give my consent for the treatment I have chosen.

Patient's Printed Name

Patient's or Guardian's Signature

Date

Doctor's Signature

Date

Witness' Signature

Date