

GENERAL DENTAL TREATMENT CONSENT FORM

We are dedicated to giving you the highest quality treatment as well as keeping you fully informed. If at any time you have questions about any of our procedures, we will be happy to answer them for you. The following procedures may or may not be performed while you are a patient in our office.

Please read everything very carefully and place your initials where indicated.

CHANGE IN THE TREATMENT PLAN(Initials

During any procedure it may be necessary to charge or add procedures because of conditions found during treatment. The most common is the addition of dental surfaces needing to be restored during a procedure and/or root canal therapy following a routine restorative procedures. I give permission to the dentist to make any and all necessary changes and additions after thorough discussion with me.

PERIODONTAL TREATMENT......(Initials_____

Periodontal Disease is an infection of the surrounding structures that support our teeth (gums and bone). Tooth loss could occur if left untreated. I understand that sometimes a more advanced, deeper cleaning - scaling and root planning - may be necessary and will not cure the disease but may slow its progression. Treatment will only have a chance of being successful with my full cooperation in homecare and more frequent dental cleanings. These cleanings are called Periodontal Maintenance and may not be covered in full and a copay may apply.

RESTORATIVE (FILLINGS).....(Initials)

Our office does not place silver (amalgam) fillings. The filling material used is a composite resin or porcelain white material. Some insurance companies may not pay in full for this. I understand that the cost not covered will be my responsibility.

CEREC, or same day, crowns provide convenience and quality. The high tech mill constructs a crown based on the 3D images taken in the office. Some cases do not qualify for CEREC technology and may require our outside lab to create the crown. Bridges and Implant restorations will always be sent to our lab. Ceramic restorations last 5-7 years with proper homecare and routine dental care.

ENDODONTIC TREATMENT (ROOT CANAL THERAPY)......(Initials____)

There is no guarantee that root canal treatment will save my tooth. An additional surgical procedure may be necessary following root canal treatment if the result is anything less than ideal. In addition, I understand that a root canal does not restore my tooth - a Post, Core Buildup, and Crown will also be necessary.

Dentures are constructed of plastic, metal, and/or porcelain. Some problems of wearing dentures are, but not limited to, looseness, soreness and possible breakage. I understand that the final opportunity to make changes in my new denture including size, shape, fit, size, placement and color will be in the "Final Try-In" stage of my treatment. Often relining the denture is required 3 - 6 months after initial placement. The cost of Relining is an additional expense and may require me to be without my prosthetic for 1 - 2 days.

I understand that dentistry (like all of healthcare) is not an exact science. It is important to understand that we have your best interest in mind when helping you select the best course of treatment. However, results cannot be fully guaranteed. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction.

Patient (Parent/Guardian) Signature

Date _____

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