

Informed Consent

I understand that by signing and initialing below any of the following items that I am fully aware of the procedure, and authorize such to be done and have read and understood the possible risks and complications of the procedure(s).

Initials _____

1) X-rays & Examination

I understand that I will be receiving a dental examination from a licensed practitioner. I understand that while x-rays are taken on my teeth that I will be exposed to a minimal amount of radiation as part of the necessary requirements to complete a thorough and comprehensive exam. I also understand that if I am pregnant, radiation exposure may cause harm to my unborn child. If you are pregnant, you are required to provide a medical release for non-emergency treatment.

Initials _____

2) Changes in Treatment Plan

I understand that during treatment it may be necessary to change or add procedures because of conditions discovered while working on teeth that were not found during examination. I understand that there may be unforeseen costs that will be applied to complete the work. I understand that whenever possible, I will be informed of the treatment changes in advance. I give my permission to Dr. Chan to make any and or all changes and additions as necessary.

Initials _____

3) Drugs and Medications

I understand that antibiotics, analgesics, and other medications can cause allergic reactions. The reactions can cause redness and swelling of tissue, pain, itching, vomiting, and/or anaphylactic shock. I will notify Dr. Chan and office of any and all medications that I am taking and allergies that I am aware that I have.

Initials _____

4) Removal of Teeth

Alternatives for tooth removal have been explained to me (no treatment, root canal therapy, crowns, periodontal surgery, etc.) and I authorized Dr. Chan to remove the following teeth _____ and any other that may be necessary for reasons in paragraph #2. I understand removing teeth does not always remove infection, if present, and it may be necessary to have further treatment. I understand the following risks involved in having teeth removed; these are pain, spread of infection, dry socket, swelling, fractured jaw, loss of feeling in my teeth, lips, tongue, and surrounding tissue that can last for an indefinite time. I understand I may need further treatment by a specialist, the cost of which is my responsibility.

Initials _____

5) Crown, Veneer & Bridges

I understand that I may be wearing temporary crowns and that I must be careful to ensure that they are not removed until the permanent restoration(s) is delivered. I understand that sometimes it is not possible to match the color of my natural teeth with artificial teeth. I realized that last opportunity to make changes to my restoration will be before the permanent cementation. I must return to Dr. Chan for permanent cementation within 20 days from tooth preparation. Extended delays between the time of tooth preparation and crown cementation may allow for tooth movement, accumulation of bacteria, and/or infection of tooth structure and the surrounding tissue. This may cause the necessary to re-make the restoration and even lead to tooth loss. I understand there will be additional charges for re-makes due to my delay of permanent cementation.

Initials _____

6) Root Canal / Endodontic Treatment

I understand that there are no guarantees that root canal treatment will save my tooth and that there are complications which may arise from the treatment. I understand that sometimes root canal filling material may extend through the tooth which does not necessarily affect the success of treatment. I understand that endodontic files and reamers can separate during use. I understand that a heat source will be utilized to fill the canal(s) and that the risk of burn may occur. I understand that occasionally, additional surgical procedures may be necessary following root canal treatment and I may need further treatment by a specialist, the cost of which is my responsibility.

Initials _____

7) Periodontal Loss

I understand that I have a condition that causes gum and bone inflammation or loss and that it can lead to the loss of my teeth. Alternative treatment plans have been explained to me, including gum surgery, replacement and/or extractions. I understand that undertaking any dental procedures may have further adverse effect on my periodontal condition. I understand that I may need further treatment by a specialist, the cost of which is my responsibility.

Initials _____

8) Fillings

I understand that care must be exercised in chewing on fillings especially during the first 24 hours to avoid breakage. I understand that a more extensive restoration than originally diagnosed may be required due to unforeseen decay. I understand that significant sensitivity is common after a newly placed filling. If the sensitivity continues, I understand a root canal may be needed, even though the tooth may not have been sensitive prior to the filling being done.

Initials _____

9) Dentures

I understand that wearing dentures is difficult. Sore spots, altered speech and difficulty eating are common problems. Immediate dentures (placement of denture immediately after extractions) may be painful. Immediate dentures may require considerable adjusting and relines. A permanent relines may be needed later. This is **not** included in the denture fee. Initials _____ I understand that this is my responsibility to return for delivery of the dentures. I understand that failure to keep my delivery appointment may result in poorly fitted dentures. If a remake is required due to delays of more than 30 days, there will be additional charges.

Initials _____

I understand that there has been no guarantee or assurance made by anyone in regards to my dental treatment that I have authorized. I also acknowledge that I am responsible for payment of all my dental fees of any dental insurance coverage.

Patient's Signature: _____

Date: _____

Doctor's Signature: _____

Date: _____