MOUNTAIN LOOP
DENTAL

TREATMENT INFORMED CONSENT
David Gore, DDS

Patient's Name _____

1. Treatment Plan

I understand the recommended treatment and my financial responsibility as explained to me. I understand that by signing this consent I am in no way obligated to proceed with any treatment and I am aware of these risks. I also acknowledge that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not evident during the examination. Postponing or waiting on treatment may result in a worse condition and may require more extensive treatment and in some rare cases, loss of teeth.

2. Drugs and Medications

Antibiotics, analgesics and other medications can cause allergic reactions such as redness and swelling tissue, pain, itching, vomiting and/or anaphylactic shock. Therefore, I will inform the doctors and their staff of all medications I am currently taking. Certain medications may cause drowsiness and it is advisable not to drive or operate hazardous equipment when using such drugs. Certain antibiotics may decrease the effectiveness of regular medication prescribed by your physician, such as oral contraceptives. I agree to the use of anesthetics, sedatives and other medication as prescribed by my doctor.

3. Risks of Dental Anesthesia

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

4. Fillings, Onlays, Crowns, Bridges, Veneers

In some cases, a more extensive restoration than originally planned, or possibly root canal therapy, may be required due to additional conditions discovered during preparation. Significant changes in response to temperature may occur after tooth restoration. I understand that fillings, crowns, onlays, bridges, and veneers are rarely "permanent" and are subject to new decay and wear and usually require periodic replacement with a new filling, onlay, or crown.

It is sometimes not possible to exactly match the color of natural teeth with artificial teeth. With an onlay, crown, bridge, and/or veneer treatment, I understand that I may be wearing a temporary restoration that is prone to loosening and may need recementing. I will notify my doctor of that occurrence so that a temporary restoration is maintained until the final restoration is delivered. Any changes I may desire in color, shape, size, etc. of a crown, onlay, bridge, veneer, must be made prior to the final fabrication. It is my responsibility to return within one month of tooth preparation for final cementation of the restoration. There may be additional charges for making changes and/or if the restoration is not cemented within 30 days.

Consent

I understand that dentistry is not an exact science and that no specific result can be assured or guaranteed. I acknowledge that no such guarantees have been made regarding the dental treatment 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.

I understand that it is my right to ask questions and receive answers regarding any diagnosed treatment, and I certify that I understand English. My signature below signifies that this is my responsibility to seek clarification, as necessary, of treatment and anesthesia proposed for me, together with the known risks, complications, alternatives and benefits associated with that treatment. I hereby give my consent for the treatment I have chosen.

Patient/Guardian Signature_____ Date_____

Witness Signature_____ Date_____

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