



## Informed Consent for Dental Treatment

### **X-rays:**

**Proposed treatment:** taking of intraoral and extra oral radiographs. **Benefits of treatment:** taking x-rays enables us to view dental cavities, abnormalities, development and eruption of teeth. They are also necessary for proper diagnosis and evaluation purposes. **Alternatives of treatment:** none; limited visual examination. **Common risks:** radiation exposure to soft and hard tissues. **Consequences of not performing the treatment:** missed diagnosis.

### **Cleaning:**

**Proposed treatment:** involves thorough cleaning of teeth to help heal inflamed or infected gum tissue. It involves removal of *soft* plaque build-up and harder *calculus* deposits above and below the gum line. **Benefits of treatment:** healthy oral environment; also, reduction/elimination of bleeding, odor and periodontal disease. **Alternatives of treatment:** referrals for periodontal (gum) surgery according to the severity of condition. **Common risks:** bleeding, soreness, swelling, infection of tissue, hot and cold sensitivity, stiff or sore jaw joint. **Consequences of not performing the treatment:** Discontinued or interrupted treatment could result into further inflammation and infection of gum tissues, lead to more tooth decay, and deterioration of surrounding bone structure which could lead to tooth loss.

### **Anesthetic:**

**Proposed treatment:** injection of anesthetic to surrounding oral tissues. **Benefits of treatment:** numbness of tissue and muscle surrounding area of treatment to eliminate pain sensation. **Alternatives to treatment:** dental restorations performed with no anesthetic resulting in severe sensitivity and pain. **Common risks:** allergic reaction, irritation to nerve tissue, stiff or sore jaw joint, swelling of tissue, bruising and may cause temporary or permanent paralysis. **Consequences of not performing the treatment:** severe pain and sensitivity.

### **Fillings:**

**Proposed treatment:** to remove dental caries and replace with filling material to regain proper tooth anatomy. **Benefits of treatment:** restore tooth structure for proper function. **Alternatives of treatment:** temporary filling, crown, extraction. **Common risks:** allergic to filling material, tooth sensitivity, filling may come out. **Consequences of not performing the treatment:** further spread of decay, requiring root canal treatment or severe destruction resulting in tooth loss.

### **Root canal treatment and Pulpotomy:**

**Proposed treatment:** to remove infected pulp tissue and replace with root canal filling material. **Benefits of treatment:** eliminate pain, infection, swelling and further destruction of tooth structure. **Alternatives of treatment:** extraction. **Common risks:** recurrence of symptoms, breakdown of tooth structure. **Consequences of not performing the treatment:** increase in severity of pain, swelling, infection, and possible hospitalization and rare instances death.

### **Crown and bridge:**

**Proposed treatment:** to strengthen a tooth damaged by decay or previous restoration, and protect a tooth that has had root canal treatment. Improve the biting surface, appearance of damaged, discolored, poorly spaced and/or missing teeth. **Benefits of treatment:** to restore or improve the appearance and strength of teeth. **Alternatives of treatment:** extraction or Orthodontic treatment (only in proper spacing, not damaged teeth). **Common risks:** irritation to surrounding tissue, inflammation, irritation to nerve tissue, stiff or sore jaw joint, sensitivity to hot and cold, also possible root canal treatment. **Consequences of not performing the treatment:** further destruction, nerve exposure, loss of tooth function, root canal treatment.

### **Extraction:**

**Proposed treatment:** removal of unreasonable tooth structure and roots. **Benefits of treatment:** elimination of pain, infection, swelling. **Alternatives of treatment:** none. **Common risks:** infection, bleeding, soreness, bruising, damage to adjacent teeth and soft tissue, dry socket, opening into sinuses, tooth and bone fragments, bone fracture, chronic hot and cold sensitivity, temporary



and or permanent numbness, and destruction of bone and soft tissue. **Consequences of not performing the treatment:** severe pain, swelling, infection, possible hospitalization with rare cases of death.

I have read and understood the entire information on this consent form, which includes x-rays, cleaning, anesthetic, fillings, root canal treatment, pulpotomy, crown, bridge, and extraction. All my questions were answered to my full understanding and satisfaction.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of patient, parent, or legal guardian: \_\_\_\_\_