

Informed Consent for Extraction

Diagnosis and treatment: _____

Extraction is the procedure that removes the tooth and/or root.

The consequences of not performing necessary extractions may include:

- Continuation, growth, and/or spread of infection
- Pain and swelling
- Systemic infection, such as fever, sepsis, and (in rare cases) disability / death.
- Aspiration (inhaling) of loose teeth or tooth fragments

The risks or complications may include but are not limited to:

- Pain and swelling
- Injury to neighboring teeth, restorations, or soft / hard tissues
- Reversible or irreversible nerve damage
- Dry socket (a painful, noninfectious complication)
- Infection
- Adverse reactions to medications, anesthesia, or substances used for the extraction
- Retained fragments of teeth in the jaw (if the risk of removal outweighs the benefit)
- Perforation of the maxillary sinus, possibly requiring further treatment
- In rare cases, fracture of the jaw requiring further treatment

I understand that tooth extraction is an elective procedure, and there are often alternative treatments, such as a root canal and restoration or performing no treatment at all. My dentist has described other options, invited me to ask questions, and I am electing to proceed with the extraction. I will follow the verbal and written postoperative instructions and return for a follow-up appointment if requested.

Name: _____

Signature : _____

Date: _____

Informed Consent for Implant

Implants differ from other tooth replacement in that they are anchored in and supported by the jawbone. While there are important differences, they function more like natural teeth. They may be used as a single tooth replacement or for multiple tooth replacement and as anchors for fixed bridges, for removable partial and full dentures.

Restoration with implant has three stages: **1.Surgical placement of implant 2.Revision and/or placement of abutment and 3.Placement of prosthesis on the abutment.** It may take 3-8 months.

The implants are placed surgically. Usually under local anesthetic, the gum tissue is reflected, precise space in the jawbone is created to accommodate the implants, and then implants are immediately placed in the space created. The surgical site is then closed. The second surgical procedure may occur three to six months later. The implants are then evaluated for healing and successful integration with the bone. Some revisions may have to be made at this time.

If the implant failed to integrate, it will have to be removed and alternative treatments considered, such as a change of the site or implant. If the implant has successfully integrated, a post/connector called abutment is placed into the implant, extending through the gum tissue into the mouth. In the final prosthetic phase, a crown/bridge/denture is placed onto the abutment.

The Prosthesis (crown, bridge or denture) fee and The Abutment/Connector Fee are separate from the surgical fee of Implant body.

Alternatives to implant replacement may be fixed bridgework, removable partial and complete dentures. Infected teeth with sound roots and bone support may be treated by endodontic (root canal) therapy and restored with a post and crown. Non-replacement of missing teeth will usually cause movement of teeth, resulting in a collapsed bite and loss of function, the correction of which may be difficult and costly.

Risks and Complications may include, but are not limited to

- post-surgical infection; bleeding; swelling; pain; facial discoloration
- sinus or nasal perforation; TMJ injuries; spasms; bone fracture
- poor healing; numbness (paresthesia) of the lip, chin and tongue, which is usually temporary, but, on occasion, may be permanent.
- unsuccessful integration of the implant to the bone and fracture of the implant components.

If a separate surgical procedure is necessary to remove a failed implant or if a replacement is necessary due to changed prosthetic requirements or loss of bone integration, an additional fee may be charged.

During the course of treatment, unknown oral conditions may modify or change the original treatment plan. This possibility necessitates consent for the treating doctor, in consultation with the patient, if possible, to use the best judgment in consideration of the newfound conditions.

I have been provided a general overview of implants. Implants have a high success rate with various factors influencing the outcome. The benefits, as well as the risks, have been discussed. The alternatives to implant replacement have also been discussed, as well as the consequence of non-replacement. I am encouraged to ask questions regarding any concerns or needed clarifications, to enable me to make an informed decision. I have consent to the procedure.

Patient Name: _____

Patient Signature: _____

Date: _____

Informed Consent for Socket Preservation / Bone Grafting

Site: _____

My dentist has recommended that a tooth or several teeth be extracted and bone grafting be done to preserve the bone contour and allow future placement of dental implants. The bone grafting procedure involves opening the gums in the area to expose the existing bone. This is then followed by placing bone material in such a manner so as to augment the existing bone. A protective barrier or membrane is then placed over the grafted bone for protection. The gums are then closed over and sutured (stitched) in place to completely cover the bone graft area. A healing time of 3-6 months is typically needed. The bone graft material and membrane is derived from a donor source (animal or human) or synthetic.

Risks or complications of this procedure includes, but not limited to:

- Pain and/or swelling
- Bleeding, bruising and/or discoloration of the face, usually of a temporary nature
- Infection that may adversely affect the new bone and require further treatment
- Limitation of jaw function
- Numbness and tingling of the lip, chin, gums, teeth, cheek and palate
- Post-operative unfavorable reactions to drugs, such as diarrhea, nausea, vomiting and allergy
- Rejection of bone grafting materials

I understand that bone grafting is an elective procedure, and there are often alternative treatments, such as extraction without immediate bone grafting, bone grafting at a later time or performing no treatment at all. My dentist has described other options, invited me to ask questions, and I am electing to proceed with the socket preservation/bone grafting. I will follow the verbal and written postoperative instructions and return for a follow-up appointment if requested.

I know the fee of the procedure. As a courtesy, the office staff will help prepare the insurance claims should I be insured. My insurance company may not cover the treatment provided. I am responsible for paying all the associated fees of the procedure.

Name: _____

Signature: _____

Date: _____

Informed Consent for Endodontic Treatment

Diagnosis and Treatment : _____

Root canal treatment is performed to correct an apparent problem and occasionally an unapparent, undiagnosed or hidden problem of the tooth. The goal of root canal treatment is to save a tooth that might otherwise require extraction. Although root canal treatment has a high success rate, as with all medical and dental procedures, the outcome cannot be guaranteed. This procedure will not prevent future tooth decay, tooth fracture or gum disease, and occasionally a tooth that has had root canal treatment may require re-treatment, endodontic surgery, or tooth extraction.

The consequences of not treating this condition include but are not limited to: worsening of the disease, infection, cystic formation, swelling, pain, loss of tooth, and/or other systemic disease manifestations.

Risks or Complications may include but are not limited to:

- Instrument separation in the canal, which may or may not be retrievable and may require extraction of the tooth or additional surgery.
- Perforations (extra openings) of the canal with instruments.
- Blocked root canals that cannot be ideally completed.
- Incomplete healing.
- Post-operative infection requiring additional treatment or the use of antibiotics.
- Tooth and/or root fracture that may require extraction.
- Fracture, chipping, or loosening of existing tooth or crown. Damage to existing fillings, crowns or porcelain veneers
- Post-treatment discomfort, Temporary or permanent numbness.
- Change in the bite or jaw joint difficulty (TMJ problems or TMJD).
- Infection may occur or continue if the root canal has started but not completed.
- Reactions to anesthetics, chemicals or medications. As a result of the injection or use of anesthesia, at times there may be swelling, jaw muscle tenderness or even a resultant temporary or permanent numbness of the tongue, lips, teeth, jaws and/or facial tissues

Other Treatment Choices:

The following are the alternative treatment options:

- No treatment at all.
- Waiting for more definitive development of symptoms.
- Extraction: To be replaced with : nothing - denture- bridge - implant

After the completion of the root canal procedure, you will be required to have the permanent restoration (filling, crown, cap). Failure to have the tooth properly restored in a timely manner (generally within 30 days) significantly increases the possibility of failure of the root canal procedure or tooth fracture.

Unforeseen conditions may arise that require a procedure that is different than set forth above, a repeat treatment, or I might be referred to a specialist for further treatment. I authorize the doctor to perform such procedures when, in their professional judgment, the procedures are necessary, after discussing the option with me, and obtaining my verbal consent (except in emergent circumstances where consent might not be practical to obtain).

I have had an opportunity to ask questions of my treating doctor and I am satisfied with the answers that I have received. I consent to the procedure.

Name: _____

Signature: _____

Date: _____