

General Dentistry Informed Consent

1. Treatment Plan and X-rays

I understand that prior to my dental treatment a thorough examination by the doctor is required. A necessary part of this examination is availability of dental x-rays. A full series of x-rays taken within one year is required for a complete diagnosis. If x-rays were taken in another office, I will bring them to my appointment with Dr. Harris. I understand that insurance companies may or may not reimburse me for the x-rays taken. I also understand that I will not be able to receive treatment unless a full set of x-rays is available. After thorough examination, the recommended treatment and my financial responsibility will be explained to me. I understand that by signing this consent I am in no way obligated to any treatment. I also acknowledge that during treatment it may be necessary to change or add procedures because of conditions found during treatment that were not discovered during examination. For example, a root canal therapy following routine restorative procedure may be required.

2. Drugs and Medications

I understand that antibiotics, analgesics and other medications can cause allergic reactions such as redness and swelling tissue, pain, itching, vomiting and/or anaphylactic shock.

LOCAL ANESTHESIA

Local anesthesia is a technique that allows the dentist to control my discomfort during and after dental treatment. A local anesthetic solution is injected close to nerve fibers to block the transmission of sensation, which results in numbness. Local anesthesia is a well-established and safe technique; however, like with any other medical intervention there is a small risk of potential side effects:

Nerve injury: An injury to the nerve can be caused while the block is performed. Symptoms of this might include a transitory sensory deficit or paresthesia (tingling) in a part of the anesthetized area. This sensation will usually disappear within a few days.

Allergic reactions: I will let the office of Greenville Family Dentistry know if I am allergic to a local anesthetic.

Allergic reactions to a local anesthetic occur very rarely.

Seizures: If a local anesthetic is injected directly into a blood vessel a seizure can occur.

Hematoma: A small hematoma or bruise can develop at the site where the needle was inserted. This will usually resolve within a few days.

3. Crown's, Bridges, and Veneers

I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I further understand that I may be wearing temporary crowns, which come off easily and that I must be careful to ensure that they are kept on until the permanent crown is delivered. **I realize the final opportunity to make changes (shape of, fit, size and color) will be before cementation.** It is also my responsibility to return for permanent cementation as scheduled by the office of Greenville Family Dentistry. Furthermore, **I understand that I will need to return to the office as soon as possible if my temporary restoration comes off.** Excessive delays may allow for tooth movement or other complications, which may necessitate a remake of the crown or bridge. I understand there will be additional charges for remakes due to my delaying permanent cementation or failure to come for temporary re-cementation.

4. Gum Disease

I understand that diagnosis and treatment of gum disease is an integral part of my dental treatment. I also understand that gum health is a foundation of any major restorative procedure and must be completed prior to definitive restorative treatment.

5. Fillings

I understand that care must be exercised in chewing on filling teeth, especially during the first 24 hours to avoid breakage. I understand that a more extensive restorative procedure than originally diagnosed may be required if additional extensive decay is discovered during treatment. Sensitivity to PRESSURE **is not common** after placement of fillings. If I experience such sensitivity along with headaches, I will call Dr. Harris' office immediately so he can adjust my filling. I understand that significant sensitivity to COLD **is common** after newly placed fillings. I will call the office of Greenville Family Dentistry if cold sensitivity persists for more than 2 weeks after the placement of my filling. Additional treatment may be necessary.

6. Partials and Dentures

I understand the wearing of dental prosthesis such as partials or dentures is difficult and requires getting used to. Sore spots, altered speech, and difficulty in eating are common problems. Immediate dentures (placement of dentures immediately after extractions) may be initially uncomfortable and may require considerable adjustment and several relines. A permanent reline might be necessary at a later date. This is not included in the denture fee. I understand that it is my responsibility to return for delivery of my partial/denture. I understand that failure to keep my delivery appointment may result in poorly fitted dentures. If a remake is required due to my delays of more than 30 days, additional charges could be incurred.

Print Name _____

Date: _____

Patient/Guardian Signature _____

Date: _____

Witness Signature _____

Date: _____

Doctor's Initials _____