



Assistant/Doctor/Patient Form | Phone: 1 (604) - 777 - 1337

This form is to be filled out by the Doctor or Staff.

## **INFORMED CONSENT**

A proper diagnosis regarding head and neck pain is very important because serious medical problems such as vascular disorder, brain tumors, cervical disc disorders, etc. Can produce symptoms similar to TMJ disorders. It is important to inform our office when any changes in your personal health history occur.

Length of treatment may vary according to the complexity of your condition. Treatment may therefore vary from the first estimates. Although most conditions respond well to treatment, general health, stress, degree of tissue injury, posture, age, work habits, bite relationship, etc. Do affect the outcome, and total resolution is not always possible. The treatment methods we will use are based on our experience and knowledge. These methods have proven to be the most appropriate, cost effective and conservative. However, you should be aware there is much debate in the medical-dental community regarding the best way to treat various TMJ disorders.

As with any medical or dental treatment unusual occurrences can and do happen. These possibilities could include minor tooth movement, loosened teeth or dental restorations, sore mouth, periodontal problems, muscle spasms, ear pain, neck pain, etc. Any of the mentioned complications are rare, but theoretically may occur. Additional medical and dental risks that have not been mentioned may also occur.

Good communications is essential to successful treatment. Please feel free to discuss any questions you may have regarding your treatment. Referrals to other professionals such as chiropractors, physical therapists, nutritionists, oral surgeons, medical doctors, neurologists, or ear, nose and throat specialists may be indicated and necessary for successful treatment.

With any medical or dental treatment the success depends to a large extent on the degree of cooperation of the patient in following the prescribed treatment plan. This includes wearing the appliances for a total of 24 hours each day, wearing the appliances while eating, eating a soft diet and following exercise outlines. Keeping your scheduled appointments in our office is also vital to the success of your treatment. Failure

to comply with instructions could delay the treatment time and	d seriously affect the success of the treatmer	nt.
Refunds will not be given in the event of any non-compliance v	vith treatment recommendations.	
l acknowledge that <b>Dr</b> has taken numerous post graduate courses in orthodontics, or	_ is neither an orthodontist nor an oral surge thopedics and TMD (Temporomandibular Dy	eon, but rather a general dentist who vsfunction).
Treatment time varies according to your diagnosis: your treatm adjustments. Itis anticipated that physical therapy modalities treatment as provided.		
Phase I Positioning Orthotic (Splint) Therapy is deemed completion (jaw joint) condition. Treatment for other symptomatic areas, of specialists. At the completion of Phase I positioning therapy, the for a permanent solution. At the end of successful completion of process (gradually subsiding appliance therapy) or various treatmentbased on the records patient feels MMI does not meet their expectations.	hiropractic for neck and shoulder pain, for e ne patient should be aware that a final finishi of Phase I a consultation appointment will b atment options for Phase II, if required. MMI	xample, would be continued by other ing state (Phase II) may be required e provided to discuss the weaning will be determined by
Although uncommon, there are instances when other treatmer Examples of this would be the need for joint irrigation (Arthroc surgery in conjunction with braces.) These cases would be refe	entesis), joint surgery ( Arthroscopic Arthrot	
If your case requires specialty referral or if it is your decision to Phase I fees does not include treatment for follow up to check does it cover fees for the involvement of specialist referral or the stabilization therapies during the healing of these other proceeds.	and maintain stability of the joint while the p ne additional follow up done in our facility to	patient defers final treatment, nor include pain management and joint
The fees quoted include repair or remaking of appliance if need	ded during the course of the treatment preso	cribed for the patient.
Replacement of lost or destroyed appliance		
I agree.		
Patient Name	Patient Signature	Witness Signature