

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 seriously affect the success of the treatment.

Refunds will not be given in the event of any non-compliance with treatment recommendations.

I acknowledge that **Dr. \_\_\_\_\_** is neither an orthodontist nor an oral surgeon, but rather a general dentist who has taken numerous post Graduate courses in orthodontics, orthopedics and TMD (Temporomandibular Dysfunction).

Treatment time varies according to your diagnosis: your treatment time is estimated to be 14-16 weeks and includes all orthotic evaluations and adjustments. It is anticipated that physical therapy modalities will be required regularly in your care. Physical Therapy is charged and paid per treatment as provided.

Phase I Positioning Orthotic (Splint) Therapy is deemed complete when the patient has reached maximum medical improvement (MMI) for the

#### TMD

(jaw joint) condition. Treatment for other symptomatic areas, chiropractic for neck and shoulder pain, for example, would be continued by other specialists. At the completion of Phase I positioning therapy, the patient should be aware that a final finishing state (Phase II) may be required for a permanent solution. At the end of successful completion of Phase I a consultation appointment will be provided to discuss the weaning process (gradually subsiding appliance therapy) or various treatment options for Phase II, if required. MMI will be determined by **Dr. Denta 4** based on the records gathered throughout the procedure. Refunds will not be given in the event patient feels MMI does not meet their expectations.

Although uncommon, there are instances when other treatments may be necessary (after Phase I) for improved joint function or symptom relief. Examples of this would be the need for joint irrigation (Arthrocentesis), joint surgery ( Arthroscopic Arthrotomy) or Orthognathic surgery ( bone surgery in conjunction with braces.) These cases would be referred to a specialist.

If your case requires specialty referral or if it is your decision to delay Phase II Therapy, it is important to understand that the agreement for Phase I fees does not include treatment for follow up to check and maintain stability of the joint while the patient defers final treatment, nor does it cover fees for the involvement of specialist referral or the additional follow up done in our facility to include pain management and joint stabilization therapies during the healing of these other procedures. Fees will be incurred on an as needed basis per visit.

The fees quoted include repair or remaking of appliance if needed during the course of the treatment prescribed for the patient.

Replacement of lost or destroyed appliance will not be covered

☐ I agree.

Patient Name

Patient Signature

Witness Signature