

Brazos Dental Group: Informed Consent for Dental Treatment

Please INITIAL next to each treatment you are going to receive, and must include at least X-rays and Anesthetic.

_____ **X-rays:**

Proposed treatment: taking of intra-oral 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 in 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 into surrounding oral tissues. **Benefits of treatment:** numbness of tissue and muscle surrounding area of treatment to eliminate pain sensation. **Alternatives of 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, possible hospitalization and in 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 if proper spacing, undamaged teeth). **Common risks:** irritation to surrounding tissue, inflammation, irritation to nerve tissue, stiff or sore jaw joint, sensitivity to hot and cold, root canal treatment required. **Consequences of not performing the treatment:** further destruction, nerve exposure, loss of tooth function, root canal treatment required.

_____ **Extraction:**

Proposed treatment: removal of non-restorable 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 or permanent numbness, and destruction of bone and soft tissue. **Consequences of not performing the treatment:** severe pain, swelling, infection, possible hospitalization and in rare instances death.

I have read and understand the entire information on this consent form, including x-rays, cleaning, anesthetic, fillings, root canal treatment, pulpotomy, crown, bridge, and extraction. If I have any questions, I will ask the dentist before signing at the bottom or initialing each section above, after reading. I authorize my dentist to use professional judgment in formulating my treatment plan, and acknowledge that the plan may change during treatment.

Patient's name

Witness' Signature

Signature of patient, parent, or legal guardian.

Date

Doctor's Signature