

# INFORMED CONSENT FOR DENTAL TREATMENT

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## ❖ X-RAY:

**Proposed treatment:** Taking of intraoral 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 risk:** 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 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 risk:** Bleeding, soreness, swelling, infection of tissue, hot and cold sensitivity, and stiff or sore jaw joint. **Consequences of not performing the treatment:** Discontinued or interrupted treatment could result into 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 to surrounding oral tissues. **Benefits of treatment:** Numbness of tissue and muscle surrounding area of treatment to eliminate pain sensation. **Alternatives of treatment:** Dental restoration performed with no anesthetic resulting in severe sensitivity and pain. **Common risk:** 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 risk:** Allergic to filling material, 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:** None. **Common risk:** Extraction. **Consequences of not performing the treatment:** Increase in severity of pain, swelling, infection, and 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 in proper spacing, not damaged teeth). **Common risk:** Irritation to surrounding tissue, inflammation, irritation to nerve tissue, stiff or sore jaw, sensitivity to hot and cold, also possible root canal treatment. **Consequences of not performing the treatment:** Further destruction, nerve exposure, loss of tooth function, root canal treatment.

## ❖ EXTRACTION:

**Proposed treatment:** Removal of unreasonable tooth structure and roots. **Benefits of treatment:** Elimination of pain, infection, swelling. **Alternatives of treatment:** None. **Common risk:** 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 and/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 case, death.

I have read and understand the entire information on this consent form which includes x-rays, cleaning, anesthetic, fillings, root canal treatment, pulpotomy, crown, bridges and extraction. All of my questions were answered to my full understanding and satisfaction.

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Print Patient's Name

\_\_\_\_\_  
Date

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Print Name of Parent or Legal Guardian

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Signature of Patient, Parent, or Legal Guardian