

Informed Consent for Dental Treatment

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Treatment to be completed: but is not limited to: Fillings, Crowns, Bridges, Extractions, Pulpotomy, Stainless Steel Crown, Periodontal Cleaning, Prophy, Sealants, Fluoride, Examination, X-rays, Photos, Videos.

Fillings: I understand that I am having fillings placed due to decay, cracks or leaking existing restorations. I am aware that the most common complication from fillings is sensitivity, both from pressure and temperature. Composite resin restorations are not permanent and have a statistical failure rate of 4-7 years.

Rootcanals: Root canal therapy has a 75% success rate. Even under the best circumstances root canal therapy can fail. Children between the ages of 5 and 15 can have permanent teeth with incomplete root closure and demineralization requiring extraction.

Medically Complex Patients: Medically complex patients undergoing general anesthesia all have the possibility of being admitted to the hospital for post-operative care for observation.

Extractions: Extraction of teeth might cause dry sockets, permanent or temporary numbness or sensation, sinus communication, fracture of alveolus and/or mandibular or maxillary jaw.

Changes in treatment plan: During treatment it may be necessary to change or add procedures found while treating the patient that could not be determined during any previous exam.

Exam: Any and all necessary x-rays, photos, videos, impressions necessary for treatment.

Medical Records: Consent to retrieve any and all Medical and Dental records deemed necessary.

Telemedicine: Consent for any Medical or Dental authorization and/or treatment through the use of telephone and/or internet technology is authorized. This authorization includes the use of my signature for any and all areas requiring my signature.

Print Name: _____ Date: _____

Signature: _____