

Date: \_\_\_\_\_

**MANUEL A. CHAVEZ, DDS**

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Fresno, CA 93720

559-439-2868

**GENERAL DENTISTRY INFORMED CONSENT**

Name: \_\_\_\_\_

**1. Drugs and Medications:**

Antibiotics, analgesics, sedatives and other medications may be required before and/or following treatment. Allergic reactions including redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction) may occur. (Female:) Antibiotic medications may reduce the efficacy of oral (contraceptives) and alternative methods may need to be used while taking antibiotics.

(Initials \_\_\_\_\_)

**2. Fillings-Composites and Amalgam:**

Amalgam "silver" filling and Composite "white" fillings are utilized by this office. You may request the restoration material of choice for personal, cosmetic and/or health reasons, etc. You will be responsible for payment of treatment that is not a covered benefit. Some post-operative sensitivity may occur depending on the size of the filling that is placed. In the event of severe sensitivity, a root canal may be required.

(Initials \_\_\_\_\_)

**3. Removal of Teeth:**

Extracting teeth does not always remove all of the infection and further treatment may be necessary. Some risks involved: pain, swelling, spread of infection, dry socket, fractured roots, fractured jaw or parasthesia (usually a temporary but possibly permanent numbness and/or tingling in the teeth, lips tongue, and/or surrounding tissues) may require treatment by a specialist or even hospitalization if complications arise during or following treatment.

(Initials \_\_\_\_\_)

**4. Endodontic (Root Canal) and Emergency Palliative Treatment:**

There is no guarantee that root canal therapy will save the tooth and complications (e.g. infection, swelling, pain, and restricted jaw opening, separation of metal instruments, roots fractured, root perforations and premature tooth loss) can occur from treatment. Occasionally additional surgical procedures may be necessary following root canal therapy (apicoectomy, root amputation). No warranty or guarantee of success has been or can be given for endodontic therapy. It is understood that following root canal therapy the tooth becomes brittle and will need strengthening and protection by a post and crown placement.

(Initials \_\_\_\_\_)

**5. Crowns, Bridges and Veneers:**

Sometimes it is not possible to match the exact color of natural teeth with artificial teeth. A temporary crown will be placed until the permanent crowns are delivered. Final opportunity to make changes on new crowns, bridge, or veneer-including shape, fit, size and color - will be determined before cementation. Any changes after cementation will be at the patient's expense. On rare occasion the treated tooth may become so sensitive that a root canal may be required.

(Initials \_\_\_\_\_)

**6. Periodontal Disease (Treatment):**

This is a serious condition causing gum inflammation and/or bone loss and can lead to the loss of teeth. Deep cleaning every 3-4-6 months (depending on severity of disease) may be necessary. Surgery and antibiotics may aid in treatment of this disease.

(Initials \_\_\_\_\_)

**7. Dentures-Full or Partial:**

Full or partial dentures are artificial, constructed of plastic, metal and porcelain. Some possible complications are looseness, soreness, and possible breakage. Final opportunity to make changes in my new denture - including shape, fit, size, placement and color- will be during the "teeth in wax" try-in-visit. Most dentures require relining during the first 6-12 months after initial placement. The cost for this procedure is not included in the initial denture fee.

(Initials \_\_\_\_\_)

**8. Changes In Treatment Plan:**

It may be necessary to change or add procedures during the course of treatment. Any changes will be presented and discussed with the patient or legal guardian prior to treatment.

(Initials \_\_\_\_\_)

**9. Missed Appointments / Cancellations Without 24 Hour Notice:**

We understand that unforeseen circumstances may prevent you from your scheduled appointment however, every effort should be made to notify our office of your schedule change in order to allow other patients the availability of your scheduled / reserved time. Abuse of this policy may result in a \$75.00 charge.

(Initials \_\_\_\_\_)

I understand that no warranty or guarantee of success has been or can be given regarding dental treatment which I have requested and authorized. I also understand the risks, benefits, costs and alternatives to my dental care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor: \_\_\_\_\_ Witness: \_\_\_\_\_

**SIGNATURE FOR UPDATES:**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_