

# **AUTHORIZATION AND INFORMED CONSENT TO DENTAL TREATMENT**

I request and authorize Barataria Dental and or such other persons as he/she may appoint, to perform or assist in the performance of the dental treatment or procedure indicated and described below.

# FILLINGS: AMALGAM (SILVER) OR COMPOSITE (TOOTH COLORED) WITHOUT PIN

Risks: (1) All risks involved with anesthesia (2) Thermal sensitivity for as long as several weeks (3) Tooth may die and abcess resulting in the need of a root canal or extraction.

## **ROOT CANAL: NERVE TREATMENT**

Risks: (1) All risks involved with anesthesia (2) Unsuccessful root canal resulting in extraction of the tooth (3) If tooth is not crowned, it may fracture resulting in extraction (4) Swelling (5) Pain (6) Thermal sensitivity (7) Infection (8) Tooth may fracture during treatment (9) Surgical closure of apex of root (10) Broken file while instrumenting canal

## **EXTRACTION**

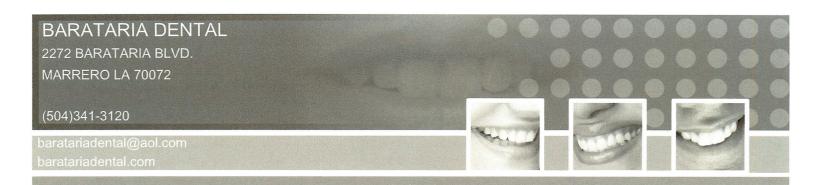
Risks: (1) All risks involved with anesthesia (2) Swelling (3) Phonetic interference (difficulty in speaking) (4) Cellulitis (infection) (5) Pain (6) Tooth mobility (7) Food impaction around the extraction site (8) Trismus (temporary restricted mouth opening) stress on the jaw joints (TMJ) existing TMJ problems may be worsened (9) Allergic reactions (previously unknown) to any of the medications used in the procedure (10) Tooth or fragment in maxillary sinus (11) Dry socket (12) Heavy bleeding that may be prolonged (12) Can fracture teeth on either side of tooth (14) Jaw fracture (15) Postoperative infection requiring additional treatment (16) Opening into sinus with upper extraction-requiring additional surgery (17) Decision to leave a small piece in the jaw when its removal would require extensive surgery (18) Injury to the nerve underlying the teeth resulting in numbness or tingling of the chin, lip, cheek, gum and/or tongue on the operated side; this may persist for several weeks, months, or in remote instances, permanently

#### **CROWN, BRIDGE & VENEERS**

Risks: (1) all risks involved with anesthesia (2) Death of the tooth resulting in the need of a root canal (3) Porcelain fused to metal may chip or flake off (4) Thermal sensitivity (5) Loss of the tooth due to periodontal disease if tooth is not kept clean by patient (6) Recession of the gum if the tooth is not kept clean by the patient (7) Chemical bond may not adhere (crown or veneer may come off)

# PERIODONTAL TREATMENT - ORAL HYGIENE INSTRUCTIONS, ROOT PLANNING & SCALING

Risks: (1) All risks involved with anesthesia (2) Infection (3) Thermal sensitivity (4) Gum recession (5) Pain (6) Food impaction between teeth (7) Exposure of margins of crown (8) Recurrence of gum problem if the patient does not concur with Oral Hygiene Instructions



# ANESTHESIA: MAY CONSIST OF ONE OR BOTH NITROUS OXIDE (GAS)

Risks: (1) Nausea and/or vomiting (2) Headache (3) Fainting (4) Death

## LOCAL ANESTHESIA: INJECTION OF LIDOCAINE OR CARBOCAINE

Risks: (1) Allergic reaction to anesthesia (2) Sweating (3) May lower or increase blood pressure (4) Fainting (5) Breakage of needle (6) Palpitations (7) Hemotoma (bruises) (8) Trisumus (temporary restricted mouth opening (9) Permanent or temporary parasthesia (numbness) (10) Death

I certify that I have read and understand the above. I accept the risks of substantial and serious harm, if any hope of obtaining the desired beneficial results of this treatment or procedure as checked above.

Signature:	Date:	
	Response Date:	