

# Massie Dental

## Dental Treatment Consent Form

Please read and initial all items below. **NOTHING** will be done without prior authorization from you. This form is an initial disclaimer to treatment done in our office.

### Work to be done

I understand that upon evaluation from Dr Massie/Dr. Partlow, the following treatment may be needed: Fillings, Crowns, Extractions, Root Canals or Other Items. \_\_\_\_\_

### Drugs and Medications

I understand that antibiotics and analgesics and other meds can cause allergic reactions causing redness and swelling of tissue, pain, itching, vomiting and/or anaphylactic shock. \_\_\_\_\_

### Changes in Treatment Plan

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth, the most common being Root Canal following routine restorative procedures. Dr Massie/Dr Partlow has my permission to make needed changes. \_\_\_\_\_

### Removal of Teeth

When alternatives to removal have been explained to me, I authorize Dr. Massie /Dr Partlow to remove the teeth we have discussed. I understand removing the teeth does not always remove the infection if present, and it may be necessary to have further treatment. I am aware of the risks involved in having teeth removed, some of which are pain, swelling, spread of infection, dry socket, loss of feeling in my teeth, lips, tongue, fractured jaw and surrounding tissue(paresthesia). That can last for and indefinite period of time. I am aware further treatment by a specialist or even hospitalization if complications arise during or following treatment , the cost of which is my responsibility. \_\_\_\_\_

### Crowns and Bridges

I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I further realize that I may be wearing temporary crowns, which may come off easily and that I must be careful to ensure that they are kept on until the permanent crowns are placed. I know the final opportunity to make any changes in the crown or bridge to color, shape or fit will be at delivery \_\_\_\_\_

### Dentures Complete or Partial

I know that full or partial dentures are artificial, constructed of plastic and metal. The issues of wearing these appliances have been explained to me, including soreness, possible looseness and possible breakage. I understand final opportunity to make any changes in my dentures to shape, size, color and placement will be at the "teeth in wax" try-in visit. I am aware that most dentures need a relines three to twelve months after initial placement and the fee is not included in that initial denture fee \_\_\_\_\_

### Endodontic Treatment

I understand there is no guarantee that root canal treatment will save a tooth, and that complications can occur from the treatment, and that occasionally metal objects are cemented in the tooth or extend through the root, which does not necessarily affect the success of the treatment. I know that occasionally surgical procedures may be necessary following root canal therapy. \_\_\_\_\_

### Periodontal Loss

I understand that if I have a serious condition, causing gum and bone infection or loss and that it can lead to the loss of my teeth. Alternative treatment plans have been explained to me including gum surgery, replacements an/or extractions. I understand doing dental procedures may have adverse effects on my perio health \_\_\_\_\_

I understand that dentistry is not an exact science and that reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance s have been made by anyone regarding any dental treatment which I have consented to and authorized Dr. Massie / Dr. Partlow to do. I have had the opportunity to read this form and ask questions. Before treatment is started I will have additional opportunity for questions and will be answered to my satisfaction. I consent that I am aware of all the above disclaimers.

**Signature** of Patient / Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_