

KIRKWOOD DENTISTRY

101 N. State Street, Greenfield, IN, 46140-0000

Informed Consent

Potential Risks and Limitations fo Dental Treatment

As a rule, excellent dental results can be acheived with informed and cooperative patients. Thus, the following information is routinely supplied to anyone considering dental treatment in our office recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that dental treatment, like any treatment of the body, has some inherent risks and limitations. These risks and limitations usually do not contra-indicate treatment but should be considered in making the decision to submit to dental treatment.

Perfection is our goal. However, in dealing with human beings, and problem of growth and development, the ravages of dental disease, genetics and patient cooperation, achieving perfection is not always possible. Often a functionally and esthetically adequate result must be accepted. we will do everything within our capacityto insure the best possible care.

Throughout life teeth are constantly changing. Periodic examinations should be made so any disease can be treated promptly. Frequent professional visits are the best insurance against serious dental disease. Decay or gum disease can occur if patients do not brush and floss their teeth properly and thoroughly. Excellent oral hygiene and plaque removal is a must.

On rare occasions the nerve of a tooth may die and become infected. A tooth that has been damaged by deep decay, a minor blow or extensive dental treatment can die over a long period of time. An undected non-vital tooth may flare up during any dental treatment, and may require endodontics (root canal) treatment to maintain it. It may even have to be removed. There is also a trisk that during or followingtreatment soreness or tenderness may occur in temporomandibular joints (lower jaw joints).

The total time for treament can be delayed beyond our estimate. Treatment plans can change due to altered conditions which may surface during treatment. Decay which may appear small on xray, may be larger than anticipated resulting in much more extensive treatment.

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I understand that during treatment occasionally any of the above problems may occur. These can include but are not necessarily limited to: pain (discomfort), tooth mobility, tooth decay, devitalization (nerve loss), tooth and/or jaw changes, and injury resulting from the use of high speed dental equipment.

I understand that treatment alternatives will be explained (including the consequences of no treatment) as well as the preferred method of treatment for my mouth. I understand that for a successful results and to lessen the dangers of complications, the following conditions are essential on my part:

1. Before treatment can be rendered, adequate radiographs of teeth and mouth must be taken.
2. Excellent oral hygiene
3. Proper diet controls
4. Strict adherence to instructions
5. Cooperation in keeping appointments

I understand that there is no warranty or guarantee to my result and/or care, I also understand that I can, at any time, ask for and receive a full recital of all possible risk related to my treatment.

I understand that refusal of the radiograph and failure to comply/complete recommended treatment may result in dismissal from the practice. In addition, I also understand that failure of two appointments without prior notification, constantly being late for appointments, failure to practice acceptable oral hygiene, and/or uncooperative with staff providing care may also result in dismissal.