



R I D G E C O M M O N S

FAMILY DENTISTRY

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DENTAL TREATMENT INFORMED CONSENT

1. DRUGS, LATEX AND MEDICATION

I understand that antibiotics and other medicines can cause allergic reactions and even life-threatening anaphylaxis. Also, some antibiotics interfere with birth control pills. Latex allergy can cause rashes and itching. Epinephrine increases heartbeat and depending on my health may be dangerous to me.

2. NEEDLE STICK

If someone is inadvertently stuck with needles used on me, I consent to have blood drawn for analysis.

3. FILLINGS, CROWNS AND UN-ANTICIPATED ROOT CANALS

Some teeth may need a root canal even after a simple filling. Fillings and crowns do take away tooth structure and a percentage of these teeth end up needing a root canal after the filling and crown is done.

4. ROOT CANAL FAILURE

Root canals can fail and may require additional treatment, or I may end up having the tooth extracted.

5. PROCELAIN CROWNS, VENEERS, BONDING AND COSMETIC FILLINGS

Porcelain Crowns, veneers, cosmetic bonding and composite fillings are esthetically pleasing. However, I understand that if they chip or break after excessive use, I am responsible for repairs or remakes. Once a crown, veneer, bonding, or filling is placed, I understand the shade cannot be changed.

6. GUM TREATMENTS AND REQUESTING "Just a Cleaning"

If I do not floss or if I smoke, I can expect to have a deteriorating gum condition. I agree that if I need gum treatment, I will NOT insist that I simply get a cleaning (prophylaxis)

7. EXTRACTIONS AND SURGERY

I understand that all dental extractions or surgeries carry risks. Some are minor like a dry socket following an extraction. Some are life threatening such as post-surgical infection or anaphylaxis.

8. FEE FOR ADDITIONAL OR SPECIALTY CARE

I understand that I may need treatment beyond what was originally planned (a crowned tooth becomes painful and will need a root canal), or I may be referred to a specialist for additional care (root canal was not successful). I agree to be financially responsible for the additional or specialty care.

9. LIMITATIONS OF INSURANCE COVERAGE

There are charges beyond what insurance will pay, e.g. nitrous oxide, temporary dentures, tapping off crowns or bridges, bleaching or cosmetic work. Also, as a service to patients, this office will file insurance claims on their behalf. I understand that what may be quoted as my portion (co-payment) is only an estimate. I agree to be financially responsible for what insurance does not cover.

10. REQUESTING RECORD TRANSFER

I understand that I must sign a release form before Ridge Commons Family Dentistry can send any dental records to a third party or to myself.

I understand that my treatment plan may change at any time and I will do my best to approach my dental care with optimism and open communication with my dentist, hygienist, and dental office staff.

Signature of Patient or Parent/Legal Guardian

/ /
Date