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# 6043295

Start Date: Thu, Nov 20, 2008

Last User: Marla Gillaspie  
Thu, Dec 11, 2008 - 3:22:02 PM

Size: 9.243" x 11"

Kids & Family Dentistry

Joanie Nelson

Colleen Ausan

Ins. Date	Pub.	Sect.	Loc.
Thu, Nov 20, 2008	Special Section	MG	NGIG

# \*6043295\*

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

Date of Birth: \_\_\_\_\_

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



## Patient (or Parent/Legal Guardian if Minor) Consent to Treatment

In reading and signing this form it is understood that ENGLISH is the language that I understand and use to communicate.

### 1. DRUGS, MEDICATIONS, AND ANESTHESIA:

I understand that antibiotics, analgesics and other medications may cause adverse reactions, some of which are, but are not limited to, redness and swelling of tissues, pain, itching, vomiting, dizziness, other complications.

I understand that medications, drugs, and anesthetics may cause drowsiness and lack of coordination, which can be increased by the use of alcohol and other drugs. I have been advised not to consume alcohol, nor operate any vehicle or hazardous device while taking medications and/or drugs, or until fully recovered from their effects (this includes a period of at least twenty-four (24) hours after my release from surgery.)

I understand that occasionally, upon injection of a local anesthetic, I may have prolonged, persistent anesthesia, numbness, bruising, and/or irritation to the area of injection.

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

### 2. HYGIENE AND PERIODONTICS (TISSUE AND BONE LOSS):

I understand that the long term success of treatment and status of my oral condition depends on my efforts at the proper oral hygiene (i.e. brushing and flossing) and maintaining regular recall visits.

PERIODONTICS- I understand that I have a serious condition, causing gum and bone inflammation and/or loss, and that it can lead to a loss of my teeth and other complications. The various treatment plans have been explained to me, including gum surgery, replacement and/or extractions. I also understand that although these treatments have high degree of success, they cannot be guaranteed, occasionally, treated teeth may require extraction.

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

### 3. FILLINGS:

I have been advised of the need for fillings, either silver or composite (plastic), to replace tooth structure lost to decay. I understand that with time this filling will need to be replaced due to wearing of the material. In cases when very little tooth structure remains, or existing tooth structure fractures off, I may need to receive more extensive treatment (such as root canal therapy, post and build-up, and crowns) which would necessitate a separate charge.

I understand that the silver amalgam restoration is an acceptable procedure according to American Dental Association guidelines and as such, is a treatment used by Dr. Fereydouni and associates. The advantage and disadvantages of alternate materials have been explained to me.

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

### 4. ENDODONTIC TREATMENT (ROOT CANAL THERAPY):

The purpose and method of root canal therapy have been explained to me, as well as reasonable alternative treatments, and the consequences of non-treatment. I understand that following root canal therapy my tooth will be brittle and must be protected against fracture by placement of post-core-crown (cap) over the tooth.

- A. Post treatment discomfort lasting few hours to several days for which medication will be prescribed if deemed necessary by the doctor.
- B. Post treatment swelling of the gum area in the vicinity of the treated tooth or facial swelling; either of which may persist for several days or longer.
- C. Infection.
- D. Restricted jaw opening.
- E. Breakage of the root canal instruments during treatment, which may in the judgment of the doctor, be left in the treated root canal as part of the filling; or it may require surgery for removal.
- F. Perforation of the root canal with instruments, which may require additional surgical treatment or result in premature tooth loss or extraction.
- G. Risk of temporary or permanent numbness in treatment area.

If an "open and medicate" or pulpotomy procedure is performed, I understand that this is not permanent treatment, and I need to pay for, and finish root canal therapy. If root canal treatment is not finalized, I expose myself to infection and/or tooth loss. If failure of root canal therapy occurs, the treatment may have to be re-done, root end surgery required, or the tooth may have to be extracted.

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

Amir R. Fereydouni, D.M.D.