

INFORMED CONSENT: Dr. James Mattingly

Local Anesthetic: I understand that local anesthetic can cause bruising, prolonged numbness, possible nerve damage, and allergic reactions resulting in redness, swelling, itching and even 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 that were not discovered during examination.

Removal of Teeth: I understand that removing teeth does not always remove all of the infection and it may be necessary to have further treatment. I understand the risks involved in having teeth removed including possible pain, swelling, spread of infection, dry socket, and nerve damage leading to partial or complete loss of feeling of the lips, tongue and surrounding tissues.

Prophylaxis and Root Planing: I understand that routine cleaning or deep cleaning is necessary to inhibit or reduce gum disease. Sensitive teeth and gums may result from such cleanings. Alternatives may include gum surgery or tooth extraction.

Fillings: Our office uses composite resin filling material. Fillings may break, discolor, fall out, or fail over time. They may make the tooth sensitive to temperature change or to pressure. If such symptoms occur and do not improve over time, the tooth may be subject to further treatment including a crown or root canal. The patient is aware that if needed, this would be the financial responsibility of the patient.

Crown and Bridgework: I understand that the final time to make serious changes to the restoration (size, shape, color) will be before the permanent cementation of the crown or bridge. I understand that a tooth may be temperature or pressure sensitive following the placement of a crown or bridge. I understand that a crown or bridge may come off and need re-cementation and that the porcelain may fracture. If future tooth decay develops, the crown or bridge may need to be redone; or if nerve trauma develops due to this procedure, the tooth may require root canal therapy. Both possibilities would be the patient's financial responsibility. Alternatives to a crown may include a large filling if possible or an extraction. Alternatives to a bridge may include a partial denture, dental implants, or leaving spaces.

Root Canal: I understand there is no guarantee that the root canal treatment will save my tooth and that complications can occur including post operative sensitivity, root fracture, root perforation, broken file in the tooth, unfilled accessory canals and extended fill beyond the root tip. Occasionally, additional surgical procedures may be necessary following a root canal if the patient still wishes to attempt to save the tooth. The alternatives may be extraction.

Dentures; (Partial or Complete): I understand that partial or full dentures should be removed nightly, I understand the potential problems of wearing dentures including looseness, soreness or entrapped food under the denture while eating. I understand the denture may break or need adjustments or need a "reline" at the patient's expense. Alternatives include bridgework if possible or dental implant therapy.

Dental implants: I understand that a dental implant can fail and need to be extracted if not attached to the surrounding bone as expected. I understand that the crown over the implant may come off or break and thus need replacement at the patient's expense. Alternatives include partial or full dentures, bridgework if possible, or leaving spaces.

Cosmetic Treatment: I understand that any and all elective cosmetic treatment that is performed for esthetic reasons and not functional reasons, may fail over time and need replacement. I understand that tooth sensitivity may develop with cosmetic procedures. I understand that nerve trauma may lead to other dental procedures including but not limited to a root canal. I understand that the dentist is trying to meet the patient's expectations and those expectations may not be fully achieved.

I understand that regardless of the listed procedure, it is the patient's financial responsibility and I, the patient or guardian, agree to pay for that procedure even if my dental insurance decides not to cover it. I understand that dentistry is not an exact science and that therefore reputable practitioners cannot always guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment which I may have.

Print name _____

Signature _____ Date _____