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## **GENERAL DENTISTRY INFORMED CONSENT FORM**

### EXAMINATION AND X-RAYS

I understand that the initial visit may require radiographs in order to complete the examination, diagnosis, and treatment plan. If x-rays are refused by the patient, a complete diagnosis of oral disease is not possible.

### DRUGS, MEDICATION, AND SEDATION

I have been informed and understand that antibiotic, analgesics, and other medications can cause allergic reactions causing redness, swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). They may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs. I understand that and fully agree not to operate any vehicle or hazardous device for at least 12 hours or until fully recovered from the effects of the anesthetic medication and drugs that may have been given me in the office for my treatment. I understand that failure to take medications prescribed for me in the manner prescribed may offer risks of continued or aggravated infection, pain, and potential resistance to effect treatment of my condition. I understand that antibiotics can reduce the effectiveness of oral contraceptives.

### LOCAL ANESTHESIA

Complications from local anesthesia ("novocaine") are rare. These may include cardiovascular effects such as heart rate/rhythm and blood pressure abnormalities. Central nervous system symptoms such as dizziness and anxiety are possible. Though exceedingly rare, unconsciousness and respiratory arrest may occur. Paresthesia (persistent numbness at the injection site) is also possible. Though most cases resolve within 8 weeks, it is possible for the paresthesia to last indefinitely.

### 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 teeth that were not discovered during examination, the most common being root canal therapy following routine restorative procedures. I give my permission to the dentist to make any or all changes and additions as necessary.

### TEMPOROMANDIBULAR JOINT DYSFUNCTIONS (TMJ)

I understand that symptoms of popping, clicking, locking and pain can intensify or develop in the joint of the lower (near the ear) subsequent to routine dental treatment wherein the mouth is held in the open position. However, symptoms of TMJ associated with dental treatment are usually transitory in nature and well tolerated by most patients. I understand that should the need for treatment arise, then I will be referred to a specialist for treatment, and the cost of which is my responsibility.

### FILLINGS

I understand that care must be exercised in chewing on a filling during the first 24 hours to avoid breakage, and tooth sensitivity is a common after-effect of a newly placed filling. A small but definite percentage of teeth will require root canal treatment after routine fillings.

### ORAL SURGERY, INCLUDING REMOVAL OF TEETH (EXTRACTIONS)

Alternative to removal has been explained to me (root canal therapy, crowns, periodontal surgery, etc.) I understand removing teeth does not always remove all infection present and it may be necessary to have further treatment. I understand the risks involved in having teeth removed, some of which are pain, swelling, spread of infection and dry socket. Paresthesia, the loss of feeling in my teeth, lips,

tongue or surrounding tissue that can last for an indefinite period of time, is a remote possibility. A fractured jaw, though very unlikely, is possible. I understand I may need further treatment by a specialist or even hospitalization if complications arise during or following treatment, the cost of which is my responsibility.

CROWNS, BRIDGES, VENEERS AND BONDING

I understand that exact matching of natural teeth exactly with artificial teeth is not always possible. I further understand 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 delivered. I realize that the final opportunity to make changes in my new crowns, bridge or cap (including shape, fit, size, placement, and color) will be done before cementation. Cosmetic procedures may result in the need for future root canal treatment, which cannot be predicted or anticipated. I understand that modification of daily cleaning procedures may be required.

DENTURES – COMPLETE OR PARTIAL

I realize that full or partial dentures are artificial, constructed of plastic, metal and/or porcelain. The problems of wearing these appliances have been explained to me including looseness, soreness, and possible breakage. I realize the final opportunity to make changes in my new denture (including shape, fit, size, placement, and color) will be “teeth in wax” try-in visit. I understand that most dentures require relining approximately three to twelve months after initial placement. The cost for this procedure is not the initial denture fee.

ENDODONTIC TREATMENT (ROOT CANAL)

Root canal treatment success is very high. However, complications can occur which result in the eventual loss of the tooth. Rarely, instruments may fracture within the canal system of the tooth. I understand that occasionally additional surgical procedures, such as apicoectomy, may be necessary following root canal treatment.

IMPLANT SURGERY

Placement of implants carries similar risks to oral surgery/extractions, see above. Post operative pain bleeding and swelling are possible, though unlikely. Paresthesia, the loss of feeling in my teeth, lips, tongue or surrounding tissue that can last for an indefinite period of time, is a remote possibility.

PERIODONTAL TREATMENT

Periodontal disease is a condition causing gum inflammation and/or bone loss. It can lead to the loss of my teeth. I understand the success of periodontal treatment depends in large part on my efforts to brush and floss daily, receive regular cleanings as directed, following a healthy diet, and avoiding tobacco products. There may be other recommendations specific to my case. Due to the complex nature of the disease, results of any periodontal procedures can never be guaranteed.

CONSENT: I understand that dentistry is not an exact science, therefore perfect treatment results can never be 100% guaranteed. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment which I have requested and authorized.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_