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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)

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 involves the removal of pulp tissue, cleaning/shaping of canals, followed by obturation (sealing canals) Success rate is very high. However, complications can occur which result in the eventual loss of the tooth. Post op pain and or slight swelling for up to 7 days is common.

- 1 Risks (uncommon/rare): Instrument separation, canal perforation, persistent infection. Occasionally additional surgical procedures, such as apicoectomy, may be necessary following root canal treatment. Extraction may be needed
- 2 Benefits: pain relief, elimination of infection, and tooth retention.
- 3 A full-coverage restoration is required for long-term success. Patient understands that fracture may happen at any time, even with a full coverage restoration, due to the reduced structural integrity of an endodontically treated tooth.

ENDODONTIC RE TREATMENT OF ROOT CANAL

Retreatment of an existing root canal is inherently somewhat less successful than initial treatment - however, success rates remain very high with modern techniques. The procedure involves removal of existing root canal filling material, re-cleaning and shaping of canals, followed by sealing of the canals.

- 1 Risks involve difficulty locating or negotiating canals due to prior treatment, potential for ledges, blockages, or perforations, instrument separation, persistent infection, root or crown fracture, or failure requiring apical surgery or extraction.
- 3 Benefits include pain relief, elimination of infection, and preservation of tooth.
- 4 Success rate may be lower than initial treatment; a full-coverage restoration (ie, crown) will be required for long-term success.
- 5 Patient understands that fracture may happen at any time, even with a full coverage restoration, due to the reduced structural integrity of an endodontically treated tooth.

IMPLANT SURGERY

Dental implant treatment involves placing a titanium or ceramic post into the jawbone to replace a missing tooth or support a dental prosthesis. While dental implants have a very high success rate, complications may occur. Please read the following carefully and discuss any questions with your dentist before signing this form.

Potential Risks and Complications

Although uncommon, the following complications are possible:

Surgical and Anatomical Risks

- Pain, swelling, bruising and discomfort at the surgical site
- Infection requiring medication or additional treatment
- Excessive bleeding or delayed healing
- Damage or injury to adjacent teeth, restorations or surrounding tissues
- Damage to nerves causing temporary or permanent numbness, tingling, or altered sensation of the lip, chin, cheek, tongue or gums
- Sinus involvement or perforation (for upper jaw implants), possibly requiring additional sinus or bone procedures
- Jaw fracture in rare cases due to reduced bone volume or excessive force

Implant-Specific Risks

- Failure of the implant to properly integrate with bone (osseointegration failure)
- Implant loosening or loss requiring removal and possible replacement
- Peri-implant mucositis or peri-implantitis (infection or bone loss around the implant)
- Need for additional procedures including bone grafting, soft tissue grafting, or revision surgeries

Medical and Systemic Considerations

- Reactions to anesthetic agents or medications
- Complications related to medical conditions such as diabetes, osteoporosis, or immune disorders
- Slower healing or increased failure risk from tobacco or nicotine use
- Risk of complications increases if post-operative instructions are not followed

Additional Procedures

Depending on clinical findings during or after surgery, additional treatment may be required such as bone grafting, membrane placement, sinus augmentation, or changes to the treatment plan.

Alternatives to Implant Treatment

Patients have alternatives, including:

- No treatment
- Removable partial denture
- Fixed dental bridge
- Orthodontic space closure (case-dependent)

Each alternative has its own benefits and limitations, which have been explained to me.

Patient Understanding and Consent

I confirm the following:

- I have been informed of the nature and purpose of implant treatment.
- I understand the potential risks and complications listed above.
- I have received an opportunity to ask questions and discuss concerns.
- I understand that no guarantees can be made regarding treatment success.
- I agree to follow all pre- and post-operative instructions to maximize success.

PERIODONTAL TREATMENT

Periodontal disease is an infection of the gums and supporting structures of the teeth. It may progress without pain and can lead to gum recession, bone loss, tooth mobility, and eventual tooth loss if left untreated. With modern techniques the rate of successful treatment, with associated infection elimination and retention of dentition, is very high. However, risks, while rare, remain:

I understand that:

- Periodontal disease is a chronic condition that may require ongoing treatment, including professional cleanings, home care, and possible surgical procedures.
- Treatment is intended to control the disease, reduce infection, and prevent further damage. Complete healing or restoration of all supporting tissues cannot be guaranteed.
- Successful results depend significantly on my personal commitment to daily oral hygiene and compliance with recommended maintenance visits.
- Possible risks of periodontal treatment include but are not limited to: post-treatment sensitivity, discomfort, bleeding, swelling, gum recession, tooth mobility, and, in rare cases, infection. For osseous (bone) and tissue grafting, rejection/sequestration of tissue is a remote possibility.
- Without treatment, periodontal disease may continue to progress, increasing the risk of tooth loss and possibly contributing to other systemic health problems.

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. I also understand that it is my responsibility to review this informed consent for any upcoming treatments and ask questions. This form is always available online at GreaterBostonDentist.com.

SIGNATURE _____

DATE _____