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Dental Treatments, Risk and Alternatives: Your smile is important to us. We offer many procedures that lead to healthy teeth and provide important benefits, such as an alternative smile. You should be aware that dentistry is not an exact science and potential risk and limitations should be considered before undergoing any treatment. Please read the following brief descriptions, benefits, risk and possible complications associated with each treatment. If any of the following procedures is recommended to you by the dentist and you have agreed to receive treatment, an official Informed consent and Agreement will be signed by you, after you have sufficiently informed and have had the opportunity to ask questions and discuss concerns to your satisfaction.

- 1. Drugs and Medication:** Antibiotics and analgesics and other medications can cause allergic reactions, causing redness and swelling of tissue, pain, itching, vomiting and/or anaphylactic shock (severe allergic reaction.) **Initials** _____
- 2. Changes in Treatment Plan:** 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, in most common, being Root Canal Therapy, with the possible obliteration following routine restorative procedures and crown or an extraction. **Initials** _____
- 3. Removal of Teeth:** Every tooth you have is important to you. If alternatives to removal are available, they will be explained to you before the extraction, such as Root Canal Therapy, Crowns, Periodontal Surgery, etc. If the extraction is the treatment of choice (or is necessary as stated in paragraph #3.) You must keep in mind that removing teeth doesn't always remove all the infection, if present, and it may be necessary to have other treatment. Risks involved in having teeth removed are pain, swelling, spread of infection, dry socket, loss of feeling in teeth, lips, tongue and surrounding tissue (Paresthesia), that can last indefinite or just for a period of time (days or months) or fractured jaw. Therefore, further treatment by specialists or even hospitalization if complications arise during or after treatment is the responsibility of the patient, including the cost. Bisphosphonate patient users have the possibility of osteonecrosis (not healing.) **Initials** _____
- 4. Crowns, Bridges and Veneers:** Sometimes it is not possible to match the color of the natural teeth exactly with artificial teeth. In most cases, whitening is recommended prior to procedure. After the teeth are prepared, you will be wearing a temporary crown to protect the tooth or teeth that have been worked on. These may come off easily. After you agree with the color shape, size and comfort of the work, it will be permanently cemented and no esthetic changes will be able to be made. **Initials** _____
- 5. Teeth Whitening:** This can produce sensitivity at different levels that varies on each individual and this will gradually go away. It can also cause inflammation of your gums, lips and cheeks if these areas are exposed to the gel. Existing sensitivity, recession, exposed dentin, exposed root surfaces, recently cracked teeth, abfractions (micro-cracks), open cavities, leaking filling or other dental conditions that cause sensitivity or allow penetration of the gel into the tooth may find that those conditions increase or prolong tooth sensitivity or pain after treatment. ZOOM whitening is not recommended for people that are receiving PUVA (Psoraen + Uva) Radiation or other photochemo-therapeutic drugs or treatment as well as patients with Melanoma, Diabetes, or heart conditions. All whitening materials should be avoided by women that are pregnant or lactating. **Initials** _____
- 6. 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 that final opportunity to make changes in my new dentures (including shape, size, fit placement and color) will be the "Teeth in Wax" try-in visit. I understand that most dentures require relining approximately three to twelve months after initial replacement. The cost for this procedure is not included in the initial denture fee. **Initials** _____
- 7. Endodontic Treatment (Root Canal Therapy):** I understand that there's no guarantee that root canal treatment will save my tooth and that complications can occur from the treatment. Occasionally metal objects are cemented in the tooth or extend through the root, which doesn't necessarily affect the success of the treatment. I understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy or extraction.) **Initials** _____
- 8. Periodontal Loss (Tissue and Bone):** This is a serious condition causing gum and bone infection or loss. This can lead to the loss of teeth. Alternative treatment plans will be explained to you, including gum surgery, scaling and Root planning followed by a strict regime of antibiotics and cleaning, replacement and/or extractions. Undertaking any dental procedures may have a future adverse effect on your periodontal condition. **Initials** _____
- 9. Implants:** Complications include loss of teeth around the implant site, bleeding, infections, numbness or injury to nearby muscles, nerves or sinus cavity, incomplete healing of the bone around the implant. Smoking and excessive alcohol consumption can influence implant failure. **Initials** _____
- 10. Orthodontic:** TMJ problems, periodontal problems, root resorption (root ends are shortened), non-vital or dead tooth, rebound or relapse, decalcification (permanent white/brownish markings.) Total time for treatment can be delayed beyond estimate due to lack of facial growth, poor elastic wear, broken appliances and missed appointments. All factors can affect the quality of the results. Your cooperation and good hygiene is necessary. **Initials** _____

Patient's name: _____

Patient's Guardian Name: _____ Date: _____