

Risk management experts believe that an educated patient is more likely to have realistic expectations about treatment results and possible complications. I will discuss many aspects of your treatment with you and I hope you will ask me to answer any questions you have about your treatment before it is started.

Home care has the greatest impact on long term success of dental treatment. Brushing, flossing, regular professional cleanings and a low sugar diet are imperative for the maintenance of your teeth, both natural and restored. Smoking, poor oral hygiene, gastric reflux and a weakened immune system are a few of the high risks that can lead to poor results with restorative and cosmetic dentistry.

Dental anesthetic will be used for comfort control during most treatments. Complications are possible. They may include rashes, increased heart rate, and potentially death. If you are using any recreational drugs, you greatly increase your risk of death during treatment.

Most restorative dental procedures require the irreversible removal of decayed and healthy tooth structure. A restoration must always be in place after the procedure. Trauma from the procedure, cracks in the tooth, and decay can cause the tooth need root canal treatment in the future. If required, you will be responsible financially for the treatment.

The range of longevity of a composite filling is 2-4 years and for porcelain restorations is 7-25 years. The materials are in a wet, acidic environment with frequent temperature changes and constant pounding of the opposing teeth. These factors are typically the reason for breakdown of the materials.

By signing below, I acknowledge that I have read this document and the information added below. I have had the opportunity to ask questions about the treatment and I am aware of the potential risks and long term expectations of the treatment I will receive.

Additional risk or needed information: \_\_\_\_\_

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Signature of

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

Signature of

Doctor: \_\_\_\_\_

Signature of

Witness: \_\_\_\_\_

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