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A Family Dental Practice

Consent for Treatment

The purpose of this Informed Consent form is to provide an opportunity for patients (and or their parents or guardians) to understand and give permission for elective dental treatment. As a rule, excellent results can be achieved with informed and compliant patients. Thus the following information is routinely supplied to anyone considering dental treatment. Like any treatment of the body, dentistry has some inherent risks and limitations. These are seldom enough to contraindicate treatment, but should be considered in making the decision to seek dental treatment. Please feel free to ask any questions.

NONTREATMENT RISKS

I understand that if no treatment is rendered that risks to my dental health may include, but are not limited to the following: premature loss of teeth, gum recession, halitosis (bad breath), tooth drifting, further deepening of periodontal pockets, decay, thermal sensitivity, infection, discomfort, tooth fracture, joint discomfort, tissue irritation, denture fracture, poor denture fit, poor denture function, poor denture appearance, or continued bone loss.

TREATMENT PROCEDURES

- | | | |
|---|--|--|
| <input type="checkbox"/> Nitrous Oxide | <input type="checkbox"/> Occlusal /Bite Adjustment | <input type="checkbox"/> Complete Denture |
| <input type="checkbox"/> Scaling & Polishing | <input type="checkbox"/> Mouth Guard | <input type="checkbox"/> Immediate Denture |
| <input type="checkbox"/> Root Planing | <input type="checkbox"/> Fillings | <input type="checkbox"/> Overdenture |
| <input type="checkbox"/> Root Desensitization | <input type="checkbox"/> Bonding | <input type="checkbox"/> Partial Denture |
| <input type="checkbox"/> Periodontal Maintenance | <input type="checkbox"/> Veneers | <input type="checkbox"/> Treatment Partial Attachment |
| <input type="checkbox"/> Tooth Splinting | <input type="checkbox"/> Inlays/Onlays | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Tooth Extraction (s) | <input type="checkbox"/> Root Canals | <input type="checkbox"/> Reline |
| <input type="checkbox"/> Anesthetics by injection | <input type="checkbox"/> Post-Cores | <input type="checkbox"/> Tissue Conditioner |
| | <input type="checkbox"/> Crowns | <input type="checkbox"/> Permanent Soft Liner |
| | <input type="checkbox"/> Bridges | <input type="checkbox"/> Denture Remake after healing at additional cost |
| | | <input type="checkbox"/> Rest Seat Preparation |

ALTERNATIVE TREATMENTS

Further, I have been informed that possible alternatives to the above treatment included:

- | | | |
|---|--|--|
| <input type="checkbox"/> No Treatment | <input type="checkbox"/> Extractions | <input type="checkbox"/> Complete Denture |
| <input type="checkbox"/> Maintenance therapy | <input type="checkbox"/> Implants | <input type="checkbox"/> Immediate Denture |
| <input type="checkbox"/> Root Planing & Maintenance therapy | <input type="checkbox"/> Fillings | <input type="checkbox"/> Overdenture |
| <input type="checkbox"/> Root Desensitization | <input type="checkbox"/> No Prosthodontics | <input type="checkbox"/> Partial Denture |

TREATMENT RISKS

A. **GENERAL**- Certain risks of dental treatment are general in nature and not related to a specific procedure, some of these are:

1. **Allergy** or other reactions to medications and anesthesia.
2. **Numbness** of jaw or gum nerves and or temporary restricted mouth opening.
3. **Discomfort** due to infection, swelling, and or thermal (hot/cold) sensitivity.

B. LOCAL ANESTHESIA

1. **Description**- The purpose of local anesthesia is to make it more comfortable to receive dental care, however it is not required. Local anesthesia is administered by way of injection into the oral mucosa of the mouth. You will remain awake, fully conscious, aware of your surroundings, and able to respond rationally to inquiries and directions.
2. **Risks**- The risks of local anesthetics include: allergic reactions, loss of or disturbed sensation of the tongue and lip on the side of the injection. While the loss or disturbed sensation of the tongue and lip is often only temporary, it may become permanent. The position of the nerves under the tissue at the site of the injection cannot be determined prior to the administration of the local anesthetic agent.

C. PERIODONTICS (Treatment of Gums)

1. **Description**- Periodontal treatment consists primarily of controlling local factors that contribute to periodontal (gum and bone) disease and instructing the patient in plaque control techniques. Treatment may vary from one patient to another and for different sections of the same mouth. Treatment may include scaling (removal of plaque and calculus), smoothing of the root surfaces, use of chemical agents, surgical procedures to gain access to infected tooth surfaces or to regenerate lost bone, surgical procedures to produce acceptable gum tissues, and therapy to correct bite problems or reduce biting forces.
2. **Risks**- If no treatment is rendered the following are potential risks; premature loss of teeth, gum recession, halitosis (bad breath) loosening of teeth, abscesses (gum boils), tooth drifting, flaring or other tooth movement, further deepening of periodontal and/or pus pockets.
3. **Treatment** may result, but not limited to the following potential problems: allergic or to other reactions to medications and anesthesia, swelling, discomfort, thermal (hot/cold sensitivity), exposure of margins of crowns (caps) and /or root surfaces, phonetic (speech) interferences, infection, tooth mobility, food impaction and spaces between teeth, temporary restricted mouth opening, numbness of jaw or gum nerves.

D. RESTORATIVE DENTISTRY

General- When teeth are severely compromised, the procedures for restoring them are very intricate and complicated; therefore, changes in the treatment plan may occur after therapy is initiated.

1. Fixed Prosthodontics: - Crowns, Onlays, Inlays, and Veneers

Description - these restorations are used to protect and improve the looks of teeth which have already been insulted by fracture, decay, previous fillings or crowns, or unsightly stains. The preparation procedures require some of the tooth being removed with a high speed dental bur and water spray.

structure of the tooth under the crown. After the old crown is removed, the need is sometimes recognized for some form of foundation procedure such as a build-up filling, a root canal with post & core, or a crown lengthening prior to placement of the new crown or bridge. As much as can be foreseen these situations have been listed on the treatment plan, but some unanticipated situations may arise.

Risks - possible complication include:

- a. sensitivity of the tooth to hot and cold for a short period after treatment.
- b. a few cases in which the preparation process, prior trauma, or prior decay lead to persistent pain resulting in the need for.
 - 1) a root canal and post & core after the crown procedures have begun.
 - 2) a root canal and post & core after the crown is complete.
 - 3) an extraction of the tooth if it is determined to be unrestorable.
- c. making the restorations will involve taking an impression of the teeth with a putty like material. Steps in this procedure may result in local gum sensitivity and puffiness over the next couple of days.

2. Operative Dentistry (Fillings)

Description - Filling typically replace decayed areas of tooth and old fillings that may have decay under them. Fillings of various types are routinely placed in teeth to serve as sound foundations for the future.

Risks - Placement procedures for fillings have the same possible complications as listed above for a crown restoration.

3. Temporary Restorations

Description: While the restoration(s) is/are being made in the laboratory, a plastic temporary restoration will serve to protect the tooth/teeth.

Risks: If the temporary is prematurely lost, it must be replaced as soon as possible. Without the temporary in place, the tooth may drift so that the new crown will not fit and all previous procedures will need to be done again. Wearing this temporary longer than recommended may result in the loss of its protective integrity resulting in decay, gum irritation, or bite problems resulting in more complex treatment and additional cost to the patient.

4. Bridges

Description: Bridges involve crown preparation procedures on teeth adjacent to the area of the missing teeth.

Risks: These procedures have the same possible complications as listed above for a crown restoration.

5. Post & Cores

Description: Post & Cores are used to redistribute stress over the entire remaining root of a tooth that previously has been severely damaged to the point that a root canal was necessary.

Risks: Teeth with root canals tend to be more brittle than vital teeth; therefore, small percentage of these teeth will experience root fracture during post & core procedures. If such a fracture occurs, the tooth usually needs to be extracted.

6. Occlusal Splint (Night Guard)- if prescribed is necessary to avoid excessive wear which may damage the new restorations.

E. ROOT CANAL THERAPY (Endodontics)

Description: This treatment involves the removal of the pulp of the tooth and its replacement with a restorative material. The only other treatment option would be the removal of the tooth. As with any branch of medicine or dentistry root canal therapy is not an exact science and failures are possible.

Risks: Root Canals started in other offices or retreatment cases may have a different outcome and a lower success rate than expected under optimal conditions. It may be necessary to alter the tooth structure or remove the restoration of the tooth being treated, or go through existing crowns or bridgework. This may necessitate making a new crown or bridge. During the treatment the root or crown may fracture or a perforation may occur resulting in the need to extract the tooth. In addition, swelling, pain or discoloration of the soft or hard adjacent tissue may occur during successful treatment.

F. COMPLETE AND PARTIAL REMOVABLE DENTURES

Description: Removable complete and/or removable partial dentures will *not* function as well as natural teeth. Occasionally, it may become apparent through the course of treatment that additional surgical intervention may be necessary to gain space for dentures or to remove excessive tissue or bone. Additional cost may be incurred if surgery becomes necessary.

Risks: The less teeth remaining, the less stable and comfortable are most removable dentures. The stability is dependent on the amount of bone remaining, gum tissue, saliva, patient dexterity and fit of the dentures. New denture wearers need to have patience with excessive saliva, early speaking concerns and modified eating difficulty. It is important to wear the new denture in order for us to evaluate the fit and soreness. A normal adjustment period is required to identify these concerns and both the dentures and the patient may need to adjust accordingly. These adjustments will be performed for no charge for a period of six months. Some residual gum ridges are so tender that a patient cannot adjust to the normal hard acrylic base and a laboratory processes soft denture liner may be required at an additional cost. These processed liners usually stay soft for about one year and may need to be replaced annually at additional cost.

Immediate Dentures: Dentures that are placed directly after tooth extractions may have the advantage of avoiding a toothless smile, but they have the disadvantages of unpredictable bony changes after healing, resulting in a loose or unstable denture. All immediate dentures will require a subsequent relin or even a remake of dentures at additional cost after healing (4-6 months) is completed. During the early months, a chair side soft liner may be placed to help during healing. These liners generally will last a month depending on how well patients keep them clean, their eating habits, etc. If excessive changes in the liner are required, additional charges may be necessary. The more bony changes, especially with lower dentures, the more likely we will recommend remaking the denture. The original denture should always be saved to be used as a spare, if necessary.

Tooth Reshaping for Partial Dentures: will be done where possible to use existing teeth to support partial dentures. Reshaping an existing crown or bridge always risks cutting through it, thus requiring the existing crowns to need replacing at additional cost. New crowns may also be necessary to correct tooth shape to retain and hold a partial denture.

Relines: Removable complete or partial dentures will require relines periodically as bony changes occur. The frequency of these changes vary depending on each patient's systemic health, bone quality and quantity. Relines will require additional cost and usually will require that we send your denture to the laboratory so you may be without the denture or partial anywhere from overnight to a few days.

Appearance: may be compromised to improve function when resorption changes the size and position of the remaining

bone to support a denture.

Stains & Odor can result from debris, dental plaque, tartar, stain, and odor trapped in denture porosity, the amount of stain and odor on dentures is generally related to oral hygiene habits as well as consumption of such items as tobacco, coffee, and tea. Many will find thorough brushing with a mild liquid soap and water sufficient, but some may need commercially available denture cleaning solutions.

Fracture: of plastic bases of dentures will occur if dropped or stepped on. Attempts at home repair or adjustments often ruin them. Occasionally clasps on partials become loose. Home adjustment may fracture the clasp requiring costly and time consuming repair.

Physical and/or psychological complications are unique to each patient and may result in a patient's inability to be comfortable and functional with dentures which is beyond Dr. Mueller and Dr. Wood's control.

Annual examinations: We strongly recommended that patients with or without teeth have annual head and neck examinations, cancer screenings and evaluation of teeth and tissues, continued bony changes are normal even years after tooth extraction, it is important to maintain the fit of the dentures in order to prevent additional stress to the remaining bone or teeth.

NO GUARANTEES

No guarantees has been given to me that the proposed treatment will be curative and /or successful to my complete satisfaction. Due to individual patient differences, a risk of failure, relapse, or worsening dental condition may result despite treatment and may require retreatment and/or extraction of teeth. However, it is the opinion of Dr. Mueller and Dr. Wood that the therapy will be helpful, and that any further deterioration of my oral condition could occur sooner without the recommended treatment.

I understand that the long term success of treatment requires my cooperation and performance of daily removal of bacterial deposits (plaque) from my teeth, gum, and dentures by brushing and flossing. I understand that if plaque is not removed adequately, gum disease and/or decay may lead to the failure and/or loss of remaining teeth, restorations, and/or dentures. To ensure continued dental health, periodic recall examinations and/or treatment are necessary.

I CERTIFY THAT I HAVE READ FULLY AND HAVE HAD ALL OF MY QUESTIONS ANSWERED SO THAT I UNDERSTAND THE ABOVE CONSENT FOR TREATMENT.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Doctor Signature: _____ Date: _____