

PUJA GABA, D.D.S.

Patient: _____

1. WORK TO BE DONE

I understand that I am having the following work done: Fillings [], Crowns [], Bridges [], Extractions [], Impacted teeth removed [], Root Canals [], Dentures [], X-rays [], Periodontal Treatment [], other (Initials____)

2. DRUGS AND MEDICATION

I understand that antibiotics, anesthetics, analgesics and other medications can cause allergic reactions causing redness and swelling of tissues, pain, itching, vomiting and/or anaphylactic shock. (Initials____)

3. PARESTHESIA

I understand that I may have loss of feeling in my teeth, lips, tongue and surrounding tissue (paresthesia) following injections for local anesthesia with any procedure. (Initials____)

4. 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 the teeth that were not discovered during examination. For example, I may need a root canal therapy following routine restorative procedures. The dentist will explain all changes. (Initials____)

5. REMOVAL OF TEETH

Alternatives to removal have been explained to me (root canal therapy, crowns and periodontal surgery) and I authorize the dentist to remove the following teeth _____ and any others necessary for reasons as explained. I understand removing the teeth may not always remove all the infections 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 infections, dry socket, loss of feeling in my teeth, lips, tongue and surrounding tissue (Paresthesia) that can last for an indefinite period of time. I understand I may need further treatment by a specialist if complications arise during or following treatment, the cost of which is my responsibility. (Initials____)

6. CROWNS, BRIDGES AND CAPS

I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I further understand that I may be wearing temporary crowns, which may come off and that I must be careful to ensure that they are kept on until the permanent crowns are delivered. I realize the final opportunity to make changes in my crown; bridge or cap (including shape, fit, size and color) will be before the cementation. It is also my responsibility to return for permanent cementation within 20 days from tooth preparation. Excessive delays may cause tooth movement. This may necessitate a remake of the crown, bridge or cap. I understand that a root canal may be needed, even though the tooth may not have hurt prior to the crown or bridge having been done. I understand there will be additional charges for remakes due to my delaying permanent cementation. (Initials____)

7. ENDODONTIC TREATMENT

I realize there is no guarantee that root canal treatment will save my tooth, and that complications can occur from the treatment, and that occasionally root canal filling may extend beyond the tooth root, which does not necessarily affect the success of the treatment. I understand that endodontic files and reamers are very fine instruments and stresses vented in their manufacture can cause them to separate during use. I understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy). I understand that the tooth may be lost in spite of all effort to save it. (Initials____)

8. PERIODONTAL TREATMENT

I understand that I have a condition, causing gum and bone inflammation that can lead to the loss of teeth. Alternative treatment plans have been explained to me, including gum surgery, locally administered antibiotics, replacements and/or extractions. (Initials____)

9. FILLINGS

I understand that care must be exercised in chewing on new fillings especially during the first 24 hours to avoid breakage. I understand that a more extensive filling than originally diagnosed may be required due to additional decay. I understand that sensitivity is common after effect of a newly placed filling. If the sensitivity continues, I understand that a root canal may be needed, even though the tooth may not have hurt prior to the fillings being done. (Initials____)

10. DENTURES

Sore spots, altered speech and difficulty in eating are common problems with new dentures. The ability to adapt to removable dentures varies widely. In some cases, a patient cannot or will not be able to use the device through no fault of fabrication. Immediate denture (placement of denture immediately after extractions) may be painful. Immediate denture may require considerable adjusting and several relines. A permanent relines will be needed later. This is not included in the denture fee. (Initials____) I understand that it is my responsibility to return for delivery of the dentures. I understand that failure to keep my delivery appointment may result in poorly fitted dentures. If a remake is required due to my delays of more than 30 days, there will be additional charges. (Initials____)

Signature of Patient _____

Date _____

Signature of Doctor _____

Witness _____