

For your convenience, we make available this generalised dental consent form for your review and signature. Please do not hesitate to ask our dental staff any questions you may have.

1. DRUGS AND MEDICATIONS

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

2. 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, the most common being root canal therapy following routine restorative procedures.

3. REMOVAL OF TEETH

If the teeth are saveable / restorable, the alternatives to removal of teeth are root canal therapy, crowns, and periodontal surgery, etc. I understand removing teeth does not always remove all the infection, if 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, dry socket, loss of feeling in my teeth, lips, tongue and surrounding tissue (Paresthesia) that can last for an indefinite period of time (days or months) or fractured jaw. I understand I may need further treatment by a specialist or even hospitalisation if complications arise during or following treatment, the cost of which is my responsibility.

4. CROWNS AND BRIDGES

I realise that in order to have a Crown or Bridge, the natural part of my tooth will be removed and prepared for the Crown or Bridge to be fitted. Occasionally sensitivity can occur from this and I am aware that I may need further dental treatment to resolve the sensitivity.

I understand that sometimes it is not possible to match the colour of natural teeth exactly with artificial teeth. 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 realise the final opportunity to make changes in my new crown or bridge (including shape, fit, size, and colour) will be before cementation.

5. DENTURES, COMPLETE OR PARTIAL

I realise that full or partial dentures are artificial, constructed of plastic, metal, and/or porcelain. The problems of wearing these appliances include looseness, soreness, and possible breakage.

I realise the final opportunity to make changes in my new dentures (including shape, fit, size, placement, and colour) will be the "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 included in the initial denture fee.

6. ENDODONTIC TREATMENT (ROOT CANAL)

I realise there is no guarantee that root canal treatment will save my tooth, and that complications can occur from the treatment but does not necessarily affect the success of the treatment. I understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicectomy).

7. HYGIENIST TREATMENT

I understand the Dentist has prescribed a course of treatment to be carried out by the Hygienist in order to help stabilise gum disease. I understand this treatment aims to improve pocket depths, prevent further bone loss and ensure the gums are pink and firm with no bleeding. I realise that if I do not complete the course of treatment as advised the gum disease will continue to progress.

8. PERIODONTAL LOSS (TISSUE & BONE)

I understand that serious gum problems, such as gingivitis can lead to bone infection or bone loss and that it can lead to the loss of my teeth. Alternative treatments include gum surgery, replacements and/or extractions.

I understand that dentistry is not an exact science and that, therefore, reputable practitioners cannot guarantee results. I acknowledge that no guarantee or assurance has been made to me by anyone regarding the dental treatment that I have requested and authorised for myself or my child. I have had full opportunity to discuss and ask questions regarding the dental treatment, and all questions have been answered to my satisfaction.

Signature of Patient

Date

Signature of Parent or Guardian and Relationship to Patient

Date