

Patient Consent to Treatment

I. Examination and Radiographs

Dental and soft tissue examinations are performed to diagnose pathology and determine treatment needs. Radiographs contribute to a more complete diagnosis by revealing problems not clinically detectable.

II. Drugs, Medications and Anesthesia

Antibiotics, analgesics and other medications are often used in dentistry to treat problems and alleviate discomfort. After reviewing your health history, we will administer or prescribe drugs as appropriate as we can, given the information about you. Adverse reactions may arise from the use of drugs, some of which are, but are not limited to, redness and swelling of tissue, itching, pain, nausea, vomiting, dizziness, miscarriage and cardiac arrest. Drowsiness and lack of coordination can also result and be increased with alcohol consumption. We advise you not to operate machinery or drive while in this condition. Use of oral or inhaled sedatives (laughing gas) has risks including but not limited to loss of consciousness, airway obstruction, anaphylactic shock and cardiac arrest. In the case where such drugs are administered it is advised that someone escort you home and watch over you for 8 - 10 hours.

III. Hygiene and Periodontal Treatment

The success of this treatment depends on the patient's effort at proper oral hygiene (i.e. brushing and flossing) and maintaining regular recall visits. Non-surgical periodontal treatment involves thoroughly cleaning teeth to help heal inflamed or infected gum tissue. Bacterial substance known as *plaque* and mineral deposits called *calculus* are removed above and below the gumline. Complications may be bleeding, swelling, temporary tooth and gum sensitivity or fillings dislodging. Postponing treatment may result in poor periodontal health and possible tooth loss. Depending on the success of treatment, surgical methods may also be prescribed to help control gum disease.

IV. Fillings and Sealants

Fillings are done to eliminate decay within a tooth and restore it back to function. With time, fillings will need to be replaced due to wear or possible recurrent decay. In cases where little tooth structure remains, a tooth may fracture and require more extensive treatment such as a root canal and/or crown. Teeth may be sensitive after fillings are done, especially when decay extends deep towards the pulp. In some cases, root canal treatment may be necessary after a filling is placed. Postponing fillings will result in decay progression, which may result in more extensive treatment needs or tooth loss.

A sealant is a clear plastic material used to cover fissures of newly erupted permanent back teeth. They are placed to prevent these areas from getting decayed. Sealants may dislodge when biting on hard objects (e.g. ice, popcorn kernels, etc.) or if undetectable decay is sealed in. If decay is sealed in, the sealant may need to be replaced with a filling.

V. Crown and Bridgework

Crowns are done to restore form and function to badly broken down teeth, to prevent tooth fracture or eliminate symptoms of a fractured tooth. Postponing crowns may result in extensive fractures where root canal treatment or extraction may be necessary. Crowns will need to be replaced with time due to wear, parts of the crown breaking (e.g. porcelain fractures), or recurrent decay. A common risk is irritation to nerve tissue, leaving the tooth feeling sensitive to heat, cold and pressure. In some cases, root canal treatment may be necessary to treat this condition.

Fixed bridges are done to replace missing teeth. This allows better appearance, function and prevention of adjacent and opposing teeth from shifting. When teeth shift and become misaligned, they become susceptible to decay and gum disease.

VI. Dentures – Complete or Partial

Removable dentures are made to replace missing teeth, allowing better chewing and appearance. Adapting to and developing neuromuscular control may take time since these prostheses are removable. Dentures may feel loose or sore while the tissue adapts. Follow-up appointments are important for maintenance of the denture and to examine the tissue. Dentures will need to be repaired, relined or replaced with time as they wear or the tissue changes.

- I understand that no guarantee has been given that proposed treatment will be curative and/or successful to my complete satisfaction. Lack of cooperating with the recommendations of the doctor while under his/her care could result in less than optimum results.
- I have read the above statements and recognize their importance in helping me make decisions. I know that failures can occur for various reasons and that any procedure can result in complications.
- Upon diagnosis, I authorize Dr. Robert Wong, Dr. Kanako Shimizu and their trained auxiliary to perform all recommended treatment mutually agreed by me and to employ such assistance as required to provide proper care. I agree to the use of anesthetics, sedatives and other medication as necessary. I understand that I can ask for a complete recital of any possible complications.
- 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. I give my permission to Dr. Wong and Dr. Shimizu to make any/all changes and additions as necessary.
- I hereby authorize Dr. Wong, Dr. Shimizu and Staff to take X-rays, impressions, photographs and any other diagnostic aids deemed appropriate to make a thorough diagnosis of (name of patient) _____'s dental needs.
- In order to receive treatment, I contract that in the event of any difference or disagreement between the attending Dentist and me, I will give the Dentists (*Dr. Robert Wong and Dr. Kanako Shimizu*) an opportunity to resolve the problem. If we are unable to agree on a solution, then I agree to take the problem to a reconciliation board such as the Dental Society or the California State Consumer Affairs Board of Dental Examiners. I agree further to accept their resolution in lieu of pursuing remedies by way of litigation. I understand that this agreement is binding on my heirs and all other family members.

Signature (patient or legal representative) _____ Date _____
Relationship _____

Witness _____ Doctor's Signature _____ Date _____