

Jacob Robichaux, DDS

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1. DRUGS, MEDICATIONS AND LOCAL ANESTHETICS I understand that antibiotics, analgesics and other medications can cause allergic reactions causing redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). I also understand there are risks of local anesthesia that may affect my body such as dizziness, nausea, vomiting, accelerated/slow heart rate, or various types of allergic reactions. It may also cause injury to nerves that can result in pain, tingling, or numbness that may persist for several weeks, months, or rarely, be permanent. I have informed my dentist of my complete medical history, including any recent surgeries, changes in my medical history, and any known allergies.

2. CHANGES IN TREATMENT PLAN I understand that during treatment it may be necessary to change and/or add procedures because of conditions found while working on the teeth that were not discovered during examination. Upon my consent, I give my permission to the Dentist to make any/all changes and additions as necessary.

3. REMOVAL OF TEETH Alternatives to removal have been explained to me (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, prolonged bleeding, possibility of small fragments of bone or tooth left behind (that may work themselves out or may need to be removed later), damage to sinuses requiring additional treatment, damage to adjacent teeth or fillings, 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 hospitalization if complications arise during or following treatment, the cost of which is my responsibility.

4. CROWNS (CAPS) AND BRIDGES 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 easily 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 new crown, bridge, or cap (including shape, fit, size and color) will be before cementation.

5. ENDODONTIC TREATMENT (ROOT CANAL) I realize there is no guarantee that root canal treatment will save my tooth, and complications can occur from the treatment. I understand that root canals can fail and may require additional treatment or I may end up having the tooth extracted. I also understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy).

6. FILLINGS I understand that I may experience hot and cold sensitivity, pain or discomfort following routine restorative procedures and that this is usually temporary and should settle without further treatment. If in the event that my condition does not get any better, I understand that I may need further dental treatment, the most common being root canal therapy.

7. DENTURES, COMPLETE OR PARTIAL I realize that full or partial dentures are artificial, constructed of plastic, metal, and/or porcelain. The wearing of dentures is difficult. Sore spots, altered speech, and difficulty in eating are common problems. Immediate dentures (placement of dentures immediately after extractions) may be painful and may require considerable adjusting and several relines. A permanent reline will be needed later. This is not included in the denture fee. I understand that it is my responsibility to return for delivery of the dentures.

8. Implants Surgical risks include, but are not limited to: post-surgical infection; bleeding; swelling; pain; facial discoloration; sinus or nasal perforation during surgery; TMJ (jaw joint) injuries or spasms; bone fractures; slow healing; and, transient, but on occasion, permanent numbness of the lip, chin, and tongue. Prosthetic implant risks include, but are not limited to: unsuccessful union of the implant to the jawbone and/or stress metal fractures of the implant. A separate surgical procedure for removal of the implant is necessary if implant failure or fracture occurs

By providing my signature, I certify that I understand the recommended treatment, the risks involved with said treatment, and any alternatives and risks of these alternatives, including doing nothing. I had had all of my questions answered and have not been offered any guarantees.

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I consent that I have reviewed the above information.

Response Date: _____