

**EXTRACTIONS:**

Benefits: Last resort for non-salvageable teeth. Eliminates pain. Removes teeth that are out of position. Eliminates infection.

Possible complications: Fractured particles may remain. Nerve injury may cause temporary or permanent numbness. Part or all of the tooth may be lodged in sinus, requiring more surgery. Bad infection may require long time to clear up. Jaw may be stiff and difficult to open for a time. Jawbone may fracture if very weak.

Consequences of avoiding or postponing work: Infection will spread. Swelling. Pain.

Alternatives: none

**CLEANING/SCALING:**

Benefits: Teeth look better. Mouth is cleaner. Helps to eliminate odors. Helps prevent gum disease. Portions performed by auxiliary personnel.

Possible complications: Sensitive teeth. Feeling of spaces between teeth. Gum may become sensitive.

Consequences of avoiding or postponing work: Stains on teeth. Odors. Gum disease. Teeth will be lost sooner.

Alternatives: none.

**X-RAYS/RADIOGRAPHS:**

Benefits: Allow for more complete diagnosis of problems. Can illuminate hidden problems. Xrays are taken by qualified personnel.

Possible complications: Minimal exposure to xray radiation. Xray pictures remain property of dental office.

Consequences of avoiding or postponing work: Dental services cannot be provided.

Alternatives: None

**LOCAL ANESTHETICS:**

Benefits: Relieves pain during treatments and procedures.

Possible complications: Prolonged numbness may extend beyond normal. Nerve damage. Bruising (hematoma). In rare instances, possible complications could include all those applicable to general anesthesia, including allergic reactions up to and including death.

Consequences of avoiding or postponing work: Mild to severe pain during and after treatment. Tooth may fall out. Tooth may fracture. Decay will increase. Pain will increase. Tooth may eventually require root canal.

Alternatives: Willingness to endure pain during treatment.

Name of Patient: \_\_\_\_\_

Name of Guardian: \_\_\_\_\_

I have read the above statements and have been offered a copy of them. I recognize their importance in helping me make decisions in regards to my dental care. I also recognize that failure and complications can occur for various reasons in any dental procedure. I understand that decay, fractures, and abscesses are all conditions which can possibly continue after dental treatment of any given tooth or area. Therefore, these complications can still occur in a restored tooth or area due to its condition prior to initial treatment and the patient's natural predisposition to such occurrences.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_