

Informed Consent

I consent to the providers of Jann C. Barber, DDS PLLC performing the dental procedures documented on my Treatment Plan which I have signed. I understand that the purpose and benefit of the treatment plan is to treat diseased oral tissues, improve the function of my teeth, enhance my smile, and/or improve my general health.

Procedures, Benefits, Risks, and Alternative Summary:

- Radiographs (X-rays): X-rays have been recommended to aid in the diagnosis of dental problems that cannot be found by other dental examinations. The risk of radiation from dental x-rays is minimal. We currently use all digital technology.
- I understand that if I refuse to receive recommended x-rays, the doctor may elect not to treat me.

Local Anesthesia, Drugs or Medications:

- Local anesthesia has been recommended to help prevent discomfort during dental treatment.
- I understand that complications from local anesthesia may include bruising, numbness or tingling of the lip, chin, gums, cheek, teeth and/or tongue that may last for several weeks, months, or, in rare instances, be permanent.
- Nitrous oxide (laughing gas) may be recommended to relax you during treatment. I understand that any drug/medication can cause allergic reactions. These reactions include, but are not limited to, redness and swelling, pain, itching, nausea, vomiting, and, in very rare instances, shock that can lead to death.
- I understand that if I am told to take medications, it is my responsibility to take them as directed. I further understand that I must inform the doctor immediately of any changes in my health or any reactions to medications. I further understand that depending on current medication(s), my risk for an allergic reaction may be greater.

Preventive Services:

- Preventive services have been recommended to prevent or treat gum disease, clean the teeth, eliminate mouth odors, and/or prevent cavities.
- I understand that complications from preventative services (cleanings and other treatments) may include, but are not limited to pain, bleeding, trauma to the gums, receding gums, tooth sensitivity to cold temperature or foods, swelling, ulceration, infection, tooth fracture, damage to other teeth and/or restoration fillings.
- Reactions to fluoride treatment may include nausea or vomiting. I understand that a plastic material (sealants) may be applied to the chewing surfaces of back teeth to help prevent cavities, and they may have to be redone periodically.
- The alternative to preventive services is to do nothing. I understand that doing nothing may result in infection, tooth decay, tooth loss or other dental and/or health problems.

Periodontal Therapy / Scaling and Root Planing:

- Periodontal therapy is recommended to treat gum disease, remove plaque, tartar, and other deposits, and to decrease gum inflammation.
- I understand that complications from this treatment may include, but are not limited to pain, bleeding, trauma to oral tissues, receding gums, teeth appearing longer, changes in my speech, tooth sensitivity to cold temperature or foods, food getting caught between teeth, swelling, ulceration, infection, tooth fracture, damage to other teeth and/or restoration fillings, exposure to crown (cap) margins.
- I understand that a follow-up examination must be performed, and that additional treatment may be necessary if my gum disease is still present.
- I also understand that regular periodontal maintenance visits and examinations will be necessary to keep my gums healthy. The alternative to periodontal therapy is to do nothing.
- I understand that doing nothing may result in infection, tooth loss, or other dental and/or health problems.

Extractions:

- Extractions have been recommended to eliminate pain and/or infection or to remove teeth that cannot be repaired.
- I understand that complications from this treatment may include, but are not limited to pain, postoperative discomfort, swelling, restricted mouth opening that lasts for several days or months, prolonged bleeding, infection, damage to other teeth and/or restoration fillings, dry sockets, aspiration of tooth, cracking and bruising of the corners of the mouth, facial bruising (could be extensive when associated with certain medical conditions), decision to leave a small root in the jaw when its removal would require extensive surgery, opening into the sinus or nose, need for additional surgery, prolonged drowsiness, change in bite (occlusion) or jaw joint pain, fracture of the jaw, injury to the nerve, and numbness or tingling of the lip, chin, gums, cheek, teeth, and/or tongue that may last for several weeks, months, or, in rare cases, can be permanent.

- Alternative to removal of teeth may include root canal therapy, crown and bridge procedures, periodontal therapy, or doing nothing. I understand that doing nothing may result in continued or increased pain, swelling, infection or other dental and/or health problems.

Composites:

- "Fillings" have been recommended to eliminate decay, relieve pain, fill a space, and/or improve your smile or bite. I understand that it may not be possible to match a tooth colored filling to the exact color of my natural teeth.
- I understand that complications associated with these procedures may include, but are not limited to pain, sensitivity to temperature, fracture of tooth, nerve damage, damage to other teeth, changes in my bite, and/or jaw joint complications.
- I understand that a more extensive procedure, such as root canal therapy or extraction, may be necessary if/when advanced decay is discovered during the procedure.
- I understand that discomfort from sensitivity can be significant following the placement of a new filling.
- I understand that fillings do not last a lifetime and will need to be replaced from time to time.
- Alternatives to fillings include temporary fillings or to do nothing. I understand that doing nothing may result in infection, advanced tooth decay, tooth fracture, tooth loss, bite problems, and other dental and/or health problems.

Crowns/Bridges/Veneers:

- Crowns, bridges, and/or veneers have been recommended to improve your smile/bite, repair a tooth, or replace missing teeth.
- I understand that it may not be possible to match crowns, bridges, or veneers to the exact color of my natural teeth.
- I further understand that I may be wearing temporary crowns or other temporary restorations, which may come off easily. If/when a temporary restoration comes off, I understand that I must return in a timely manner to have it replaced. Excessive delays in placing the restoration may result in tooth movement that cause a permanent crown remake necessary.
- I understand that any fees associated with the remake will be my responsibility.
- I understand that teeth with existing fillings, structural damage, and/or weakened tooth structure may not survive planned restorative treatment. Occasionally, these teeth may require more extensive treatment than originally planned or may even be lost if they are non-restorable.
- I understand that I may experience pain, sensitivity to temperature, fracture of the tooth, damage to other teeth, nerve damage, changes in bite, and/or jaw joint complications as the result of these procedures. Alternatives to crowns, bridges, and/or veneers include temporary fillings, extractions, implants, dentures and partials, and doing nothing. I understand that doing nothing may result in infection, tooth loss, bite or jaw joint problems, and/or other dental and/or health problems.

Other Important Considerations:

- I understand that even when routine dental care is performed appropriately, it could potentially cause or aggravate a TMJ (jaw joint) condition.
- I have been advised that if I discontinue care before treatment is completed, my present oral condition may get worse. The risks to my health may include, but are not limited to, pain, infection, cyst formation, periodontal disease, tooth decay, problems with my bite, loss of teeth, and/or risks to my general health.
- I have been advised that no guarantee can be given to my treatment will cure my dental problems or be successful to complete satisfaction for a guaranteed period of time.
- I understand that poor oral hygiene, a regular dental cleanings, diet, medication's or drugs, tobacco use, and certain health conditions are some factors that may result in greater risk to my treatment will fail. I understand that my tooth condition may relapse or get worse despite the care provided. However, it is the doctors opinion that the plan treatment would be helpful, and that my condition may get worse sooner without the recommended treatment.
- I also understand that there will be a greater risk that my treatment and could possibly fail if I don't follow home care instructions and receive regular examinations and cleanings as recommended.
- I understand that this treatment will be performed over a period of time during multiple appointments, and my treatment may be completed by more than one provider. If any other condition should arise in the course of my treatment, calling for procedures in addition to or different from those now known, I understand that the doctor will inform me of those procedures.