GENERAL DENTISTRY INFORMATION FORM

Dentist:	Patient:	
precaution, unanticipated comp made by anyone regarding the	lications or unintended results, although redental treatment which you have requested	erly guarantee results. Despite the most diligent care and are, may occur. Guarantees and assurances cannot be ed and authorized. It is essential that you keep your ssible result. Please read the following and initial and
SERVICES THAT MAY BE PROVIDED INCLUDE THE FOLLOWING		
1. FILLINGS		
Care must be exercised in our breakage. A more extensive	e restorative procedure than originally dia	e fillings and during the first 24 hours, to avoid gnosed may be necessary, due to more decay than will usually go away with time. (Initials)
2. CROWNS, BRIDGES AND		
natural teeth exactly with ar they are kept on until the pe crowns, bridges or laminate the appointment for permar	tificial teeth. Temporary restorations may ermanent restorations are delivered. The f es (including the shape, fit, size and color)	e. It is not always possible to match the color of the come off easily. Care must be taken to insure that final opportunity to make changes to the new will be before cementation. It is necessary to keep allow for tooth movement, necessitating the (Initials)
3. DENTURES (FULL AND P.	<u>ARTIAL)</u>	
to jaw ridge loss, retention of and several relines. A perm to return for delivery of the	of full dentures can be a problem. Immedi anent reline will be needed later (this is n dentures. Failure to do so may result in po	and difficulty in eating are common problems. Due ate dentures may require considerable adjusting ot included in the denture fee). You are responsible porly fitting dentures and remakes will require ally lead to tooth movement, resulting in a partial (Initials)
4. PERIODONTAL DISEASE		,
Periodontal disease affects breakdown of the gums and	bone and eventual loss of teeth. It is bes	eth. It is a serious, progressive infection, causing st treated in its early stage. Treatment options may dental procedure may have a future adverse (Initials)
5. ENDODONTIC TREATMEN	NT (ROOT CANAL)	·
Although over 90% effective from the treatment. Occasion the success of treatment. E	e, there is no guarantee that root canal tre onally, root canal material may extend bey ndodontic files and reamers are very fine	eatment will succeed and complications can occur yond the root tip, which does not necessarily affect instruments and can separate during use. Il treatment. Despite all efforts to save it, the tooth (Initials)
6. REMOVAL OF TEETH (EX	TRACTIONS)	
Teeth may need to be extra treatment, impactions, etc. treatment, periodontal treat further treatment may be no swelling, spread of infection for an indefinite period of tir specialist may be needed, r	cted for various reasons, such as non-restribere are alternatives to the removal of transition and crowns. Removal of teeth does ecessary. There are risks involved in having, dry socket, loss of feeling in the teeth, lime) and jaw fracture. If complications arise requiring further treatment and additional of	storability, lack of bone support, part of orthodontic reatable teeth and these options include root canal not always remove the infection, if present, and ng teeth removed, including, but not limited to pain, ps, tongue and surrounding tissues (that can last e during or following treatment, referral to a cost. (Initials)
pain, itching, vomiting and/ teeth, lips and surrounding shown that Bisphosphonate	other medications can cause allergic rea or anaphylactic shock. Injections of local tissues. Though quite rare, this numbness	ctions such as redness and swelling of tissues, anesthetics can cause paresthesia (numbness) of s can sometimes be permanent. Studies have can actually cause bone loss in the jawbone, which (Initials)
8. CHANGES IN TREATMEN		
will not change. During trea	tment, it may be necessary to change or a tion, but were found during the course of	examination. There is no guarantee that this plan add procedures because of conditions that were treatment. For example, root canal treatment may (Initials)
Signature of Potions	Data	
Signature of Patient	Date	

Date

Signature of Dentist