



STEDDUM

FAMILY & RESTORATIVE
DENTISTRY

Informed Consent for General Dentistry

I acknowledge that the initial visit may require radiographs to facilitate the examination, diagnosis, and formulation of a treatment plan.

I am aware that not adhering to the prescribed medication regimen poses risks including the possibility of persistent or exacerbated infection, increased pain, and potential resistance to treatment for my condition. Additionally, I understand that the use of antibiotics may impact the effectiveness of oral contraceptives.

Furthermore, I am informed that the administration of local anesthetics carries a small risk of unexpected reactions or side effects. These may encompass but are not limited to bruising, hematoma, heart stimulation, muscle soreness and temporary or, in rare cases, permanent numbness. Although rare, anesthetic needles may break necessitating surgical retrieval. Accidental contact between local anesthetics and the surrounding skin and tissue can lead to temporary irritation. Sensitivity or allergic reactions may arise from dental materials and medications.

During dental treatments, including preventative procedures such as cleanings and dental fillings, it is possible for teeth to remain sensitive or even become uncomfortable both during and after completion of treatment. To ensure the longevity of dental fillings, I understand the importance of being cautious when chewing within the first 24 hours following their placement. It is common to experience temporary tooth sensitivity after the placement of a new filling.

After extended dental appointments, it is common for jaw muscles to experience soreness and tenderness. In predisposed individuals, holding the mouth open during treatment can exacerbate Temporomandibular Joint (TMJ) disorder. Gums and nearby tissue may become sensitive or painful during and after dental procedures. Although rare, inadvertent abrasions or lacerations of the tongue, cheek, or other oral tissues may occur during routine dental procedures, sometimes necessitating sutures or additional treatment.

Additionally, as part of dental treatment, various items such as crowns, small dental instruments, burs, dental drill components, old filling material, etc., may inadvertently be swallowed or aspirated (breathed into the lungs). In these uncommon situations, a series of X-rays made by a physician may be required.

I am aware of the importance of disclosing current or past prescription and non-prescription medications and supplements to my dentist. Furthermore, I understand that taking medications prescribed for the treatment and prevention of osteoporosis and certain metastatic bone cancers, such as Fosamax, Boniva, Actonel, and others, can potentially lead to serious complications such as jaw bone death and non-healing of the jaw following surgical procedures.

This form and your discussion with your doctor are intended to help you make informed decisions about your treatment. As a member of the treatment team, you have been informed of the planned procedure, the risks, benefits, and alternatives associated with the procedure, and any associated costs. You should consider all of the above, including the option of declining treatment, before deciding whether to proceed with the planned procedure. Your doctor is available to answer any questions you may have and provide additional information before you decide whether to sign this document and proceed with the procedure.

Patient Name (Print)

Signature of Patient or Legal Representative

Date

Witness to Patient Signature

Date