

INFORMED CONSENT FOR DIAGNOSTIC AND PREVENTIVE SERVICES

PATIENT'S NAME _____

PROCEDURES _____

Periodic and Comprehensive Diagnostic Procedures

As part of your complete examination, we will look at and feel many of the structures of your head, neck, mouth and teeth in order to evaluate their condition.

We will use a blunt probe under the gums next to your teeth to screen for the presence of gingivitis or periodontitis, gum disease that can lead to tooth loss.

We will take a full set of X-rays (up to 18 X-rays) in order to show us conditions that are not visible by looking or feeling. Recent original films of acceptable quality may be substituted only if you can bring them with you. Where appropriate, we may supplement or substitute for the full mouth X-ray series with a Panoramic X-rays which covers a broader area, and better relates oral structure to one another. We will use modern digital X-ray processed that can reduce your radiation exposure by up to 90%. Depending on our other findings in this initial or periodic examination, we may also require models or photographs to give us complete information.

DENTAL PROPHYLAXIS

Treatment for the prevention of periodontal diseases or other dental diseases by the cleaning of the teeth in the dental office includes the procedures of DENTAL SCALING and DENTAL POLISHING. The treatment may include plaque detection, removal of supra (above the gums) and subgingival (below the gums) plaque and calculus (tarter), application of caries-preventing agents, checking the restorations and prostheses and correcting overhanging margins and proximal contours of restorations, and checking for food impactions.

BENEFITS, ALTERNATIVES AND COMMON RISKS

Only with complete information can we develop an accurate diagnosis and treatment plan. There are no effective alternatives to these diagnostic and preventive procedures. There are no substantial risks from these procedures, though minor discomfort may be experienced by some patients. Risks associated with X-rays are always a concern, but modern equipment ensures a negligible exposure.

CONSEQUENCES OF NOT PERFORMING THESE PROCEDURES

Inadequate diagnosis and treatment may cause future pain, greater expense for later treatment, loss of teeth and medical risks.

Every reasonable effort will be made to ensure that your diagnosis and treatment is completed properly, although it is not possible to guarantee perfect results. By signing below, you acknowledge that you have received adequate information about the proposed diagnostic procedures that you understand this information and that all of your questions have been answered fully.

I have provided as accurate and complete a medical and personal history as possible including antibiotics, drugs or other medications I am currently taking as well as those to which I am allergic. I will follow any and all treatment and post treatment instructions as explained and directed to me.

Patient's Signature or Guardian (if patient is a minor)

Date

Witness

Date

Dentist

Date