

## INFORMED CONSENT FOR PROSTHODONTIC TREATMENT

Dr. \_\_\_\_\_ has explained to me the benefits and risks of dental prosthetic treatment. A dental prosthetic appliance may be fixed or removable. It is designed to replace missing teeth. It can be made of a variety of materials and various alternatives have been explained to me including the benefits of each and/or each alternative available. I understand that a dental prosthetic appliance will wear and may need replacement or re-fitting. Types of dental prosthetic appliances to replace teeth include full dentures, partial dentures and fixed bridges. Retention of an appliance is accomplished by one of several options. The specific design of the appliance treatment planned (including possible alternatives) has been explained to me.

A fixed dental prosthesis, if proposed, including a crown (covering the entire tooth), inlay, onlay, and laminate has been explained including the proposed materials to be used and available alternatives. A removable appliance, if proposed, has been explained to me, including the materials involved. I understand removable dentures will not chew as efficiently as natural teeth and may acquire stains, odor, retain food in certain spots and will in time, require a relines due to changes in the gum tissue and underlying bone.

I understand and accept the treatment recommended for me. I further understand the possibility that a complication may occur, some of which are listed below. No guarantees have been made or implied. Alternative treatment(s) and the option of no treatment has been explained to me. I understand the risks of not accepting treatment may include, but are not limited to: problems with the bite and periodontal disease related to teeth that have changed position and/or are under stress. All of my questions have been addressed.

Proposed fees have been explained to me, as have any third party insurance benefits. I understand that third party benefits may differ than discussed, as they are not under the control of this office.

Treatment risks/unwanted consequences may be (but are not limited to):

- Reaction to medications/anesthetic
- Numbness induced from pressure of a removable denture requiring an adjustment or other procedure
- Potential for root canal treatment after tooth preparation
- Need for periodontal treatment/home care responsibilities
- Breakage of appliance/porcelain fracture
- Recurrent decay
- Wear of teeth which oppose the prosthesis (opposite jaw)
- Changes in speech
- Temporomandibular joint dysfunction due to changes in the bite, which may require additional treatment.
- Stability/movement of appliances (including retention of removable appliances)
- Damage to adjacent teeth or restorations

***I read and understand the above information and the information verbally given to me concerning prosthodontic treatment. By my signature (below) I consent to the treatment described in this paper.***

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_