



PFLUGERVILLE SMILES DENTISTRY

Creating Miles of Smile. Your Smile is Our Passion.

Treatment Patient Rights and Obligations

You have the right as a patient, to be informed of your condition and the recommended diagnosis, dental or surgical procedure(s) to be used as you can make a decision whether or not to undergo the procedure(s) after knowing the risk(s) and/or complication(s) involved in the treatment. The disclosure is not meant to scare or alarm you, it is simply an effort to make you better informed so that you can give or withdraw consent to the procedure(s). By signing this form you acknowledge that you understand that other or different conditions may be discovered which may need additional or different procedure(s) from those planned and may involve additional treatment planning and costs. Below is a list of diagnosis, dental or surgical procedures and possible associated risk or hazards. The dentist will review with you the procedure(s) planned for you and explain any risks and/or hazards, which he/she feels may be applicable to you. The dentist at his/her discretion may decide that one or more of these risk(s) listed does not relate to you and/or may not otherwise apply. You will be asked to initial those risk(s) explained to you and sign the forms to indicate your understanding of the risk(s). Please acknowledge that you understand the following surgical, dental and/or diagnostic procedure(s) that are planned for you and voluntarily consent and authorize the procedure(s).

Local Anesthetic and/or Nitrous Oxide

- Allergic reaction, hives, shortness of breath incl. fainting, dizziness, rapid heart rate, headaches, vomiting, nausea etc.
- Hematoma (internal and/or external bruise) incl. soreness at injection site
- Bite tongue, lip and cheek due to numbness incl. Paresthesia (temporary or permanent numbness of lip or tongue)

Composite (Tooth colored) fillings, sealants and/or laminate veneers with antimicrobial desensitizing agents applied during procedures

- Possible sensitivity to hot and cold temperatures for several weeks
- Avoid biting on filling(s) for 24-48 hours after initial insertion
- Sometimes a tooth can abscess and require a root canal, buildup and crown at an additional fee.
- Bite adjustments may be needed after insertion
- Composite(s), sealant(s), and/or laminate veneer(s) may need replacement at a future date for an additional fee

Root Canal Therapy and/or Pulpotomy

- Swelling and discomfort may follow initial and/or final treatment
- There is a possibility a treated tooth may require re-treatment, extraction or apicoectomy at an additional fee
- Temporary filling must be placed with permanent filling and/or crown within 4 weeks. Failure to do so may result in endodontic re-treatment, fracture and/or loss of the tooth at an additional fee

- Root Canal Therapy performed through a crown(s) and/or bridge(s) may result in replacement at an additional fee

Extraction(s) with or without Bone Graft

- Bleeding, swelling, discomfort, infection and dry socket
- Parasthesia (temporary or permanent numbness of lip and/or tongue)
- Fracture of jaw and/or TMJ problems
- Bone splinters may need removal after extraction(s)
- Damage to adjacent teeth incl. change in bite
- In most cases, extracted teeth require replacement with a denture or implant

Crown, bridge, stainless steel crown, Maryland bridge, inlays/onlays

- Temporaries may need to be re-cemented
- Sometimes a tooth may abscess and require root canal and/or pulpotomy and/or extraction at an additional fee
- Porcelain may fracture and require replacement at an additional fee
- Gum irritation and temperature sensitivity after preparation and cementation.
- Inadequate patient home care and lack of regular cleaning may result in failure

Denture, Partial Dentures, Flippers, TMJ splints, occlusal guards

- Lengthy adjustment periods is not unusual. Sore area requiring adjustments may be needed
- Repair of any fractures or breakage after delivery will result in additional fees
- Some patients are unable to comfortably wear dentures and/or partial and no refunds will be made in such cases dental implants may be considered at an additional fee.

Periodontal surgery, apicoectomy or apexification, curettage, scaling & root planning, full mouth debridement, prophy, perio maintenance

- Bleeding, swelling, discomfort, infection, tooth mobility and/or root sensitivity
- Required three month maintenance recall
- Change in appearance, more root exposed, teeth may appear longer
- Filling(s) and/or crown(s) and bridge(s) may be dislodged requiring replacement at an additional fee
- Possible endodontic problems may need to be treated at an additional fee
- Implants may fail requiring additional surgery and/or recovery
- Stabilizing of teeth by crowning and/or splinting may be required at an additional fee

Bleach including but not limited to Zoom whitening, bleach trays and whitening treatments

- Patient understands and acknowledge that bleaching treatments are not guaranteed
- Patient understands and acknowledge that bleaching treatment final result may not meet patient expectations
- Some patients may experience tissue and/or tooth sensitivity as a result of bleaching treatments
- Patient undergoing bleaching treatments understand and acknowledge that bleaching may change the shade of natural teeth and may not match prosthetics (crowns, bridges, dentures, fillings, veneers etc) currently placed or in process. Any changes to these prosthetics would require and additional cost

WHEN RECEIVING ANY DENTAL TREATMENT, IT IS IMPORTANT FOR THE PATIENT TO KEEP THEIR TONGUE BACK AND AWAY FROM A DRILL OR ANY DENTAL INSTRUMENTS TO AVOID INJURY AND/OR ANY ADDITIONAL RISKS TO INJURY

I (treating dentist) have explained to the patient and/or legal representative and feel the patient and/or representative understand the nature and purpose of the procedure(s) and possible alternative methods of treatment, and risks involved and the possibility of any complication(s)

I/We (patient /legal guardian) understand the nature and purpose of the procedure(s), all possible alternative methods of treatment, the risks involved and the possibility of complications have been explained to me/us. I/We have been given the opportunity to ask questions and all questions have been explained to me/us. I/We acknowledge that no promise, warranty or guarantee has been made as to the result or case.