



# CONSENT FOR DENTAL TREATMENT

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With regard to dental care and services provided at Canyon Golf Family Dentistry, it is agreed that the attending dentist and/or staff will provide dental care and services to the patient, to the best of our skill and knowledge, which dental care in the light of the circumstances is possible and practical. It is agreed that, because of differences in human constitution and response, it is in no way possible to warrant the outcome of any medical or dental service.

Below please find information pertaining to treatment offered at our office. Should you ever need any of these treatments, we ask that you review the information below and indicate your agreement to treatment.

## **TREATMENT TO BE DONE**

I understand that if I am to have work done, it will be detailed in a treatment plan and provided to me to review and agree to after discussion with Dr. Soto.

## **DRUGS AND MEDICATION**

I understand that antibiotics, analgesics, and other medications can cause allergic reactions such as redness and swelling of tissues, pain, itching, and vomiting, and/or anaphylactic shock (severe allergic reaction). I have informed the dentist of any known allergies to medication.

## **CHANGES IN TREATMENT**

I understand that during the treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination. For example, root canal therapy may be needed following routine restorative procedures at an extra charge. I give my permission to the Dr. Soto to make any/all changes and additions as necessary after discussion with me.

## **REMOVAL OF TEETH**

Alternatives to removal of teeth will be explained to me (root canal therapy, crowns and periodontal surgery, etc.), and I authorize Dr. Soto to remove the tooth/teeth based on determined treatment. I understand removing teeth does not always remove the infection, if present, and it may be necessary to have further treatment. I understand that there may be risks involved in having teeth removed, some of which are pain, swelling, spread of infection, dry socket, exposed sinuses, loss of feeling in my teeth, lips, tongue, and surrounding tissue (paresthesia) that can last for an indefinite period of time of fractured jaw. I understand that it is possible that I may need further treatment by a specialist if complications arise, and that the cost will be my responsibility.

## **CROWNS AND VENEERS**

Treatment involves covering the tooth above the gum line with a cap (crown) or covering the front surface of the tooth with a tooth colored bonded porcelain laminate called a veneer. I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I further understand that I may be wearing temporary crown(s), which come off easily and that I must be careful to insure that they are kept on until the permanent crowns are delivered. I realize the final opportunity to make changes to my new crown, bridge or veneer (including shape, fit, size and color) will be before cementation. It is also my responsibility to return for permanent cementation within 30 days from tooth preparation. Excessive days may allow for decay, tooth movement, gum disease, and/or bite problems. This may necessitate a remake of the crown, bridge, or veneer. I understand there will be additional charges for remakes or other treatment due to my delaying permanent cementation.

\*In the event of a fixed bridge replacement, I am electing to do a fixed bridge replacement of missing teeth instead of a removable appliance. I understand that this fixed bridge work may not be a covered benefit under my insurance policy.

## **ENDODONTIC TREATMENT (ROOT CANAL)**

I realize that root canals have about an 85% success rate and that there is no guarantee that root canal treatment will save my tooth and that I am still responsible for the cost, whether the root canal is successful or not. Complications such as broken files, and root canal filling material extending through the root tip, may not necessarily affect the success of treatment. The tooth may be sensitive during treatment and even remain tender for a time after treatment. Hard to detect root fractures are one of the main reasons why root canals fail. Since teeth with root canals are more brittle than other teeth, a crown is necessary to strengthen and preserve the tooth. It also decreases the chance of the root canal being re-infected. I understand that endodontic files and reamers are very fine instruments and can break during usage and that it may not be possible to retrieve the broken instrument from within the tooth. Failing root canals due to, but not limited to, variations in the root formation, broken files or extruded filling material may be referred

to a specialist (Endodontist) for possible retreatment or surgical correction (apicoectomy). This will have a totally separate cost for which I will be responsible. I understand that it is possible that the tooth may be lost in spite of all efforts to save it.

**PERIODONTAL LOSS (TISSUE AND BONE)**

I understand that if I am informed that I have Periodontal Loss, I have a serious condition, causing gum and bone inflammation and that it can lead to the loss of my teeth and/or supporting bone. Alternative treatment plans will be explained to me, including gum surgery, replacements and/or extractions. I understand that periodontal disease may have a future adverse effect on the long-term success of dental restorative work. I understand that sensitivity is a common after-effect of periodontal therapy.

**FILLINGS**

In the event a filling is needed, I choose to have the white resin composite/glass ionomer restorations instead of the silver metal fillings which contain mercury. I understand that the white fillings tend to last slightly less than the silver fillings (studies show about a 10% decrease in duration of the restoration) but it is a trade-off for a more esthetic restoration and also decreased sensitivity (sensitivity may not go away completely).

**DENTURES, COMPLETE OR PATIAL**

In the event dentures are needed/treated, I realize that full or partial dentures are artificial, and constructed of plastic, metal and/or porcelain. The problems with wearing these appliances will be explained to me, including looseness, soreness, and possible breakage. I realize the final opportunity to make changes in my new dentures (including shape, fit, size, placement and color) will be the way of a try-in appointment. Dentures may require several adjustments. Immediate dentures (placement of dentures immediately after extractions) due to their very nature do not have a wax try-in appointment. They may also be uncomfortable at first and may require several adjustments and relines. A permanent reline or a second set of dentures may be necessary later. This is not included in the initial denture fee. I understand that it is my responsibility to return for the delivery of the denture. I understand that failure to keep delivery appointments may result in poorly fitted dentures. If a remake is required due to my delay of more than 30 (thirty) days, there will be an additional charge.

Any denture, with time, will eventually become loose due to the remodeling of the supporting tissue.

**BLEACHING**

If bleaching is elected, bleaching is a procedure done either in office or with take home trays (3-6 weeks). The degree of whitening varies with each individual. The average patient achieves considerable change (1-3 shades on dental shade guide). Coffee, tea, dark sodas and tobacco will stain teeth after treatment and are to be avoided for at least 24 hours after treatment. I understand I may experience sensitivity of the teeth and/or gum inflammation, which should subside when treatment is discontinued. Dr. Soto may prescribe Fluoride treatments for rare cases of persistent sensitivity. Carbamide peroxide and other peroxide solutions used in teeth bleaching are approved by the FDA as mouth antiseptics. Their use as bleaching agents have unknown risks. Acceptance of treatment means acceptance of risk. Pregnant women are advised to consult with their physician before starting treatment.

**NITROUS OXIDE**

In the event I elect to have Nitrous Oxide in conjunction with my dental treatment, I understand that local anesthesia (injections) may still be required. I understand that possible side effects may occur. These include, by are not limited to, nausea, vomiting, dizziness and headache. I also understand that Nitrous Oxide is not recommended if I am pregnant.

**DENTAL BENEFITS**

I understand that my insurance may provide only the minimum standard of care, and may need to pay out of pocket for optimal dental treatment, including cosmetic procedures.

**ACKNOWLEDGEMENT**

I understand that dentistry is not an exact science and that, therefore, reputable practitioners cannot properly guarantee results. I acknowledge no guarantee or assurance has been made by anyone regarding dental treatment which I will request and authorize. I have read and understand the information above and will ask any questions I may have. I understand that my questions will be answered to my satisfaction. \*In the event a tooth implant is an option, detailed information regarding treatment will be discussed with me and separate consent forms will be provided prior to actual treatment.

Thank you for choosing Canyon Golf Family Dentistry for your dental needs. We look forward to a long lasting relationship with you. My signature below indicates that I have read, understand and agree to the consent for treatment above, if needed:

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Printed Name of Patient or Responsible Party

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Date

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Signature of Patient or Responsible Party