



**PUTNAM DENTAL  
ASSOCIATES**  
*Dentistry for Your Life*

**Dr. Carl Ern and Associates  
GENERAL DENTISTRY CONSENT FORM**

*Dentistry is not an exact science and reputable practitioners cannot properly guarantee results. Despite the most diligent care and precaution, unanticipated complications or unintended results, although rare, may occur. A treatment plan is based on the best evidence available during the examination. There is no guarantee that this plan will not change. During treatment, it may be necessary to change or add procedures because of conditions that were not evident during examination, but were found during the course of treatment. For example, root canal treatment may be needed during routine restorative procedures. Any change in treatment plan may result in additional fees. Guarantees and assurances cannot be made by anyone regarding the dental treatment which you have requested and authorized. It is essential that you keep your appointments and cooperate in your treatment to help insure the best possible result. If you fail to follow the advice of your dentist, you may increase the chances of a poor outcome. You the patient have the right to accept or reject dental treatment recommended by your dentist. By consenting to treatment, you are acknowledging your willingness to accept known risks and complications, no matter how slight the probability of occurrence.*

*Please read the following and initial and sign where noted.*

**SERVICES THAT MAY BE PROVIDED INCLUDE THE FOLLOWING:**

**1. FILLINGS**

Care must be exercised in chewing on filled teeth, especially on large fillings and during the first 24 hours, to avoid breakage. A more extensive restorative procedure than originally diagnosed may be necessary, due to more decay than anticipated. Sensitivity can occur following a newly placed filling and will usually go away with time. Rarely this can result in the need for root canal and crown or extraction of the tooth.

(Initials \_\_\_\_\_)

**2. CROWNS, BRIDGES AND LAMINATES**

These restorations involve permanent alteration of the tooth structure. It is not always possible to match the color of the natural teeth exactly with artificial teeth. Temporary restorations may come off easily. Care must be taken to insure that they are kept on until the permanent restorations are delivered. The final opportunity to make changes to the new crowns, bridges or laminates (including the shape, fit, size and color) will be before cementation. If you request a remake for esthetic reasons after previously giving cosmetic approval, and giving permission for final cementation, additional fees will apply. Crowns can change your occlusion (bite). Anterior crowns can result in changes in speech, lip position or facial contours. Crowns do not eliminate the need for root canal. Sometimes a nerve may become sensitive or die after having a crown and root canal may be necessary in the future. It is necessary to keep the appointment for permanent cementation. Excessive delays may allow for tooth movement, necessitating the remaking of the restoration and additional charges may be incurred. Crowns may become dislodged and require re-cementation.

(Initials \_\_\_\_\_)

**3. DENTURES (FULL AND PARTIAL)**

The wearing of dentures can be difficult. Sore spots, altered speech and difficulty in eating are common problems. Due to jaw ridge loss, retention of full dentures can be a problem. New dentures typically need several adjustments. Immediate dentures may require considerable adjusting and several relines. A permanent reline will be needed later (this is not included in the denture fee). You are responsible to return for delivery of the dentures in a timely manner. Failure to do so may result in poorly fitting dentures and remakes will require additional charges. Failure to wear partial dentures every day will likely lead to tooth movement, resulting in a denture that no longer fits. Tooth loss may require a new denture to be made.

(Initials \_\_\_\_\_)

**4. PERIODONTAL DISEASE**

Periodontal disease affects the gums and bone which support the teeth. It is a serious, progressive infection, causing breakdown of the gums and bone and eventual loss of teeth. It is best treated in its early stage. Failure to treat periodontal disease can lead to premature loss of teeth. Treatment options may include deep cleaning, gum surgery, and / or extractions and replacements.

(Initials \_\_\_\_\_)

**5. ENDODONTIC TREATMENT (ROOT CANAL)**

Although over 90% effective, there is no guarantee that root canal treatment will succeed and complications can occur from the treatment. Endodontic files and reamers are very fine instruments and can break during use. Additional surgical procedures may be necessary following root canal treatment. Despite all efforts to save it, the tooth may still be lost and require extraction. Although rare, there are risks involved in having root canal, including, but not limited to pain, swelling, spread of infection, loss of feeling in the teeth, lips, tongue and surrounding tissues (*which is usually temporary, but in rare cases is permanent*). Endodontically treated teeth may become discolored and require additional treatment. Most teeth requiring endodontic treatment will require further work such as a crown to fully restore and protect them. The fee for the root canal does not include this final restoration.

(Initials\_\_\_\_\_)

**6. REMOVAL OF TEETH (EXTRACTIONS)**

Teeth may need to be extracted for various reasons, such as non-restorability, lack of bone support, part of orthodontic treatment, impactions, etc. There are alternatives to the removal of treatable teeth and these options include root canal treatment, periodontal treatment and crowns. Removal of teeth does not always remove the infection, if present, and further treatment may be necessary. There are risks involved in having teeth removed, including, but not limited to pain, swelling, spread of infection, dry socket, loss of feeling in the teeth, lips, tongue and surrounding tissues (*which is usually temporary, but in rare cases is permanent*), sinus involvement, damage to adjacent teeth and jaw fracture. A root tip, bone fragment or piece of a dental instrument may be left in your body, and may have to be removed at a later time if symptoms develop. If complications arise during or following treatment, referral to a specialist may be needed, requiring further treatment and additional cost.

(Initials\_\_\_\_\_)

**7. DRUGS, MEDICATIONS, AND ANESTHETICS**

Antibiotics, analgesics, natural supplements and other medications can cause allergic reactions such as redness and swelling of tissues, pain, itching, vomiting and/ or anaphylactic shock. Women on oral birth control pills should be aware that antibiotics might make oral birth control less effective, and should consult with their physician before relying on oral birth control if your dentist prescribes antibiotics. Injections of local anesthetics can cause paresthesia (numbness) of teeth, lips and surrounding tissues. Though quite rare, this numbness can sometimes be permanent. Studies have shown that Bisphosphonate drugs taken for Osteoporosis or Chemotherapy (ex. Fosomax, Boniva) can have an adverse affect on some dental procedures whether they are currently being taken or have been taken in the past. Please tell the doctor if you have taken any of these drugs in the past whether or not you are still taking them.

(Initials\_\_\_\_\_)

As an additional consideration for professional care provided by Putnam Dental Associates, PC, I agree not to advance, directly or indirectly, any false, meritless and/or frivolous claim(s) of medical/dental malpractice against Putnam Dental Associates or any of its individual doctors. Furthermore, should a dental malpractice case or cause of action be initiated or pursued, I agree to use expert witness(es) who practice primarily in the same specialty as the doctors employed by Putnam Dental Associates, PC. Furthermore, I agree that these expert witnesses will be members in good standing of and adhere to the guidelines and/or code of conduct defined for expert witnesses by the American Academy of General Dentistry. In further consideration for this, Dr. Carl Ern and Associates agree to the same stipulations.

(Initials\_\_\_\_\_)

I certify that I have read this consent form in its entirety and have had the opportunity to ask questions of the dentist and have had all of my questions answered to my satisfaction.

Patient Signature \_\_\_\_\_ Patient Name print: \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Witness Name print: \_\_\_\_\_ Date \_\_\_\_\_

Dentist Signature \_\_\_\_\_ Date \_\_\_\_\_