

Prosthodontic Consent

Dr. Patel has explained to benefits and risks of Dental Prosthetic Treatment to me. Referral to a specialist (prosthodontist) has been offered. Importance of implants is discussed. Dental prosthetic appliances may be fixed or removable. They are designed to replace missing teeth. They are made of a variety of materials and various alternatives have been explained to me including the benefits of each alternative available. I understand that appliances may wear at different rates and may need replacement or refitting. Appliances to replace teeth include full dentures, partial dentures and fixed bridges. They are retained in the mouth by a variety of methods. The specific designs for the appliance (including possible alternatives) have been explained to me.

Fixed dental prosthetics, if proposed, including crowns (covering the entire tooth), inlays, on lays, and laminates have been explained including the proposed materials to be used and alternatives available. Removable appliances, if proposed, have 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 require relines in time due to changes in the gum tissue and underlying bone.

I understand and accept the treatment recommended for me by Dr. Patel. I further understand that there may be some unwanted complications, some of which are listed below. No Guarantees have been made or implied. Alternative treatment(s) and the opinion of no treatment have been explained to me. I understand the risks of no 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 be different than discussed by Dr. Patel, as they are not under control of this office.

Treatment risks/ unwanted consequences of the proposed prosthodontic treatment 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 change in 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 GIVEN TO ME VERBALLY, AND ALL THE QUESTIONS ABOUT THE PROCEDURE HAVE BEEN ANSWERED TO MY SATISFICATION.

I CONSENT TO THE TREATMENT DESCRIBED IN THIS PAPER.
