



Coastal Dental Care

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GENERAL DENTISTRY INFORMED CONSENT

EXAMINATION AND RADIOGRAPHS

I understand that the initial visit may require X-rays in order to complete the examination, diagnosis, and treatment plan. I also understand that treatment plans based on radiographs taken more than 6 months ago, may no longer be complete or accurate.

MEDICATIONS

I understand that medications used for dental treatment can cause allergic reactions and other side effects. I also understand administration of dental anesthetic can cause lingering numbness that occasionally may be permanent.

CHANGES IN TREATMENT PLAN

I understand that during treatment, it may be necessary to change or add procedures because of conditions found while working on teeth that were not discovered during examination, the most common being root canal therapy following routine restorative procedures.

TEMPOROMANDIBULAR JOINT DYSFUNCTIONS (TMJ)

I understand that symptoms of popping, clicking, locking and pain can intensify or develop in the jaw joint subsequent to routine dental treatment.

FILLINGS

I understand that tooth sensitivity and soreness at the injection site are common after effects of a newly placed filling. I also understand that the success of my fillings depends in part on my efforts to brush and floss daily, receive regular cleanings, follow a healthy diet, avoid tobacco products, and follow other recommendations.

REMOVAL OF TEETH (EXTRACTION)

See informed consent for dental extraction

CROWNS, BRIDGES, AND VENEERS

I understand I will be wearing temporary crowns while my permanent restoration is being made, and I must be careful to ensure that they are kept on until the permanent crowns are delivered. If my temporary should come off or break, I understand that I must return to the office promptly. I understand that tooth sensitivity and soreness at the injection site are common after effects of a newly placed restoration. I also understand that the success of my restorations depends in part on my efforts to brush and floss daily, receive regular cleanings, follow a healthy diet, avoid tobacco products, and follow other recommendations.

DENTURES (COMPLETE OR PARTIAL)

I realize that full or partial dentures are artificial. The problems of wearing those appliances have been explained to me, including looseness and soreness requiring further treatment. I understand that most dentures require relining approximately three to twelve months after initial placement. The cost for this procedure is not included in the initial denture fee.

ENDODONTIC TREATMENT (ROOT CANAL)

See informed consent for root canal treatment.

PERIODONTAL TREATMENT

I understand that I have a serious condition causing gum inflammation and/or bone loss and that it can lead to the loss of my teeth. I understand that the success of treatment depends in part on my efforts to brush and floss daily, receive regular cleanings as directed, follow a healthy diet, avoid tobacco products, and follow other recommendations. I understand that treating my condition will not cure my periodontal disease. The goal for treatment is to halt and maintain the disease.

PATIENT NAME _____

SIGNATURE _____ DATE _____