

## General Informed Consent for Dental Treatment

*Note: Please read and check permission box for all procedures. However, not all will apply to each patient.*

- **Nitrous Oxide (Laughing Gas)**

- Drs. Godfrey and Ollinger must obtain permission to administer Nitrous Oxide for adults and child. When Receiving N<sub>2</sub>O, the patient will have five minutes of Oxygen when treatment is finished and will feel normal when they leave the office. It is important that our staff be aware of pregnancy, COPD, and any other health problems before the patient receives N<sub>2</sub>O.

▪ **Permission from patient or guardian** Y\_\_\_ N\_\_\_

- **Local Anesthesia**

- Local anesthesia is used on almost all dental procedure. All patients must understand that all anesthesia including Nitrous Oxide and any other medications used for treatment could cause allergic reactions, redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). Severe reactions are unlikely and all patients are closely monitored by Drs. Godfrey and/or Ollinger and staff while in the office. Drs. Godfrey and Ollinger are always reachable by emergency number after patients leave and all staff members are trained in emergency procedures. Patients may refuse local anesthesia, but the Doctors have the choice to perform or to not perform procedures without anesthesia. Patients also need to be aware of the possibility of injuring themselves while numb and all children need to be watched closely for at least 2-3 hours after dental treatment.

▪ **Permission** Y\_\_\_ N\_\_\_

- **Periodontal Treatment**

- Periodontal treatment is given to patients with severe tarter build-up below the gumline. It is usually accompanied by gingival and/or bone loss (recession). The procedure is usually finished in two appointments and followed up with a six-week examination and evaluation of progress. Drs. Godfrey and Ollinger also provide detailed explanation during the examination to help patients understand recommended treatment and provide opportunity to ask questions.

▪ **Permission** Y\_\_\_ N\_\_\_

- **Sealants**

- Sealants are used on permanent molar teeth only. Patients and parents need to be aware that there is a specific window of opportunity for a tooth to be eligible to receive a sealant. The best way for a child to receive accurate diagnosis and recommendation for sealants is to schedule and attend all six month recall appointments.

▪ **Permission** Y\_\_\_ N\_\_\_

- **Fillings**

- Fillings vary on the nature and condition of the tooth. Drs. Godfrey and Ollinger can, as accurately as possible, determine the size and location of a filling b viewing the x-rays and clinically examining the tooth. However, it is not possible to 100% determine the outcome (width, depth) of a filling until treatment begins. The patient will leave here with a composite restoration that will immediately be ready for normal function. It is not common but possible that the patient may have to come back for an occlusal adjustment after having a filling. Also, after having begun the removal of decay from a tooth, it is possible that decay could have reached or become very close to the nerve of a tooth. Drs. Godfrey and Ollinger will immediately notify the patient/parent or guardian if this occurs. It is important to understand that this could change the overall outcome of the treatment for the tooth and may require a different procedure to save and restore the tooth.

▪ **Permission** Y\_\_\_ N\_\_\_

- **Pulp and Crown**

- This procedure is performed on a primary tooth before infection has occurred. The procedure is necessary when the cavity is deep enough to have reached the nerve. This procedure is described as

“similar to have a root canal for a baby tooth.” The tooth must be crowned with a stainless steel crown to prevent break down of the tooth and provide security during normal function. This procedure is also used to ensure that the tooth lasts long enough for the adult tooth to come in and replace it. There are times when these teeth only last a few months or a couple of years, but are necessary to maintain space and function for future permanent teeth.

▪ Permission Y \_\_\_ N \_\_\_

• **Primary extractions**

- Sometimes an infection can occur involving a primary tooth. In this case the tooth would not be able to be save and would require removal. Usually Drs. Godfrey and Ollinger would provide antibiotics if they think they are necessary to the healing process of the patient.

▪ Permission Y \_\_\_ N \_\_\_

• **Space Maintenance**

- Occasionally a primary tooth will to be removed because of infection or may be missing for other reasons. In a case such as this, Doctors may recommended that a space maintainer be placed to secure the space for an adult tooth to properly grow in. The instructions for care and cleanliness must be clearly communicated to patient and parent to ensure the overall health of the patient.

▪ Permission Y \_\_\_ N \_\_\_

• **Crowns, Bridges, Partials and Dentures**

- All of these procedures are considered a major service. To complete treatment for any of these procedures the patient must be prepared to come to more than one appointment. Failing to come to all of the appointments within a timely manner could result in the failure of the appliance or prosthetic to properly fit. There are several different steps involved in treatment of this kind and it is important that the patient be aware of all options and have the opportunity to discuss things in detail with the Doctors before starting treatment. Some of these procedures are strongly recommended or necessary for the overall health of a tooth or to restore normal chewing function for the patient. When a patient who carries insurance is having major treatment it is strongly suggested that a pre-estimate be received before beginning treatment. It is always the patient's responsibility to cover any expense not covered by insurance.

▪ Permission Y \_\_\_ N \_\_\_

• **Teeth whitening**

- Drs. Godfrey and Ollinger currently only do the whitening with the custom made take home bleach trays. There must be an examination and xrays completed by the Doctors before any patient can proceed with impression to make the trays or purchase tooth bleach. When the finished trays are given to the patient, the Doctors or a staff member will show the patient how to use the trays and bleach and written instructions will accompany the package of bleach to take home. Each patient is evaluated for recommended frequency of use and strength of bleach. If there are other types of whitening that a patient should require or request, the Doctors will discuss all aspects of treatment and recommendations at that time.

▪ Permission Y \_\_\_ N \_\_\_

By providing your signature to this page, you acknowledge that you have received information of the proposed treatment. You also admit that all questions have been answered to your satisfaction and you wish to proceed with the plan and discuss any changes as they may or may not arise.

Signature of patient or guardian \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_