

INFORMED CONSENT FOR DENTAL TREATMENT

David P Renaud D.D.S., P.C.
Theresa D. Caruana D.D.S.
Audra Herman D.D.S.

For most people, the need for dental treatment arises at some point in their lives. While the vast majority of dental treatment is completed without incident, in rare cases undesired complications may occur.

TRAUMA

Although it is uncommon, small cuts or abrasions may occur while working in and around the mouth. This may be caused by the drill, suction tips, dental/surgical instruments and/or impression trays.

ANESTHETIC

For your comfort during treatment, we may use various combinations of anesthetics, nitrous gas and/or sedatives. For the patients using sedatives, we require they be driven to and from the appointment. We do not knowingly use nitrous gas on pregnant women; however, we NEED to be informed of a pregnancy.

Local anesthetics are the most common form of anesthetics. In the vast majority of cases, it's used without complications or side effects. There are however, some complications that arise from time to time. Bruising can occur around the injection site, especially when multiple injections are given due to the volume of the solution. It may last 1-2 weeks and could be sore and/or swollen. With lower injections, the possibility of residual numbness can occur in the tongue and lip. The sensory nerve that controls the tongue is close to the path that the needle takes to anesthetize the lower teeth. In almost all cases the residual numbness is temporary; HOWEVER, it may take up to 6-8 months to return to normal.

JAW PROBLEMS

During lengthy dental procedures, patients may be required to keep their mouth open for a long period of time. On certain individuals, this may cause what is generally a temporary case of TMD (Temporomandibular Joint Disorder). A person's jaw and/or the muscles around it can be sore, painful, make noise, and/or have limited opening. These conditions usually go away within a month.

This is not a complete list of possible complications.

Your comfort and satisfaction are our #1 goal.

Thank you,

Drs. Renaud, Caruana, Herman & Staff

Signature of patient (or parent if minor)

Date

Name of minor patient

The signature above acknowledges that I have read and understand this disclosure.