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AUTHORIZATION AND INFORMED CONSENT TO DENTAL TREATMENT

I request and authorize Dr. Crouch, D.D.S, and or such other persons as he/she may appoint, to perform or assist in the performance of the dental treatment or procedure indicated and described below,

FILLINGS: Amalgam (silver) or composite (tooth colored) without pin

- Risks:**
- | | |
|--|---|
| <ul style="list-style-type: none">1. All risks involved with anesthesia2. Tooth may die and abscess resulting in the need of a root canal or extraction | <ul style="list-style-type: none">3. Thermal Sensitivity for as long as 6 weeks |
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ROOT CANAL: Nerve Treatment

- Risks:**
- | | |
|---|--|
| <ul style="list-style-type: none">1. All risks involved with anesthesia2. If tooth is not crowned, it may fracture resulting in extraction3. Unsuccessful root canal resulting in extraction of the tooth4. Swelling5. Pain | <ul style="list-style-type: none">6. Thermal sensitivity7. Infection8. Tooth may fracture during treatment9. Surgical closure of apex of root10. Broken file while instrumenting canal |
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EXTRACTION:

- Risks:**
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| <ul style="list-style-type: none">1. All risks involved with anesthesia2. Swelling3. Phonetic interference (difficulty in speaking)4. Infection5. Pain6. Tooth mobility7. Food interaction around extraction site8. Trismus (temporary restricted mouth opening) stress on the jaw joints (TMJ) existing TMJ problems may be worsened.9. Allergic reactions (previously unknown) to any of the medications used in the procedure10. Tooth or fragment in maxillary sinus11. Dry socket | <ul style="list-style-type: none">12. Heavy bleeding that may be prolonged13. Can fracture teeth on either side of tooth14. Jaw fracture15. Post operative infection requiring additional treatment16. Operating into sinus with upper extraction requiring additional surgery17. Decision to leave a small piece of the tooth in the jaw when its removal would cause permanent injury18. Injury to the nerve underlying the teeth resulting numbness or tingling of the chin, lip, cheek, gum and/or tongue on the operated side; this may persist for several weeks, months, or in remote instances, permanently |
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CROWNS, BRIDGE & VENEERS:

- Risks:**
- | | |
|---|--|
| <ul style="list-style-type: none">1. All risks involved with anesthesia2. Death of the tooth resulting in the need of a root canal3. Porcelain fixed to metal may chip, or flake off4. Thermal sensitivity | <ul style="list-style-type: none">5. Loss of the teeth due to periodontal6. Recession of the gum of the tooth is not kept by the patient7. Chemical bond may not adhere (crown or Veneer may come off) |
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PERIODONTAL TREATMENT –PHASE I: Oral Hygienic Instructions, Root Planning & Scaling

- Risks:**
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|---|---|
| <ul style="list-style-type: none">1. All risks involved with anesthesia2. Infection3. Thermal Sensitivity4. Swelling | <ul style="list-style-type: none">5. Pain6. Food impaction in between teeth7. Exposure of margins of crown8. Recession of gum problem if the patient does not concur with Oral Hygienic Instructions |
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PERIODONTAL TREATMENT –PHASE II: Surgery

- Risks:**
- | | |
|--|---|
| <ul style="list-style-type: none">1. All risks involved with anesthesia2. Infection3. Pain4. Swelling5. Thermal Sensitivity6. Gum recession | <ul style="list-style-type: none">7. Exposure of margins of crown8. Phonetic interferences9. Tooth Mobility10. Food impaction between teeth11. Trismus (temporary restricted mouth operating)12. Tooth will appear long due to removal of tissue |
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ANESTHESIA: May consist of one or both Nitrous Oxide (gas)

- Risks:**
- | | |
|---|--|
| <ul style="list-style-type: none">1. Nausea and/or vomiting2. Headache | <ul style="list-style-type: none">3. Fainting4. Death |
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LOCAL ANESTHESIA: Injection of Lidocaine or Carbocaine

- Risks:**
- | | |
|---|---|
| <ul style="list-style-type: none">1. Allergic reaction to anesthesia2. Sweating3. May lower or increase blood pressure4. Fainting5. Breakage of needle6. Death | <ul style="list-style-type: none">7. Palpitations8. Hematomas (bruises)9. Trismus (temporary restricted mouth operating)10. Permanent or temporary parasthesia11. Swelling from infection |
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I certify that I have read and understand the above I accept the risk of substantial and serious harm, if any there is hope of obtaining the desired beneficial results of this treatment or procedure as checked above.

Patient or Parent: if Minor

Date

Witness