

IT IS OUR OFFICE POLICY THAT THIS FORM BE READ, ACKNOWLEDGED AND SIGNED PRIOR TO YOU BEING SEEN BY ANY HEALTHCARE PROFESSIONAL IN OUR OFFICE.

This form outlines and explains in-depth all information pertaining to the treatment you will be receiving in our office including general dental cleanings, oral exams and x-rays. Dr. Cooper will individually go over patient-specific treatment during your initial visit.

YOUR TREATMENT PLAN

Once Dr. Cooper has performed a recent dental examination and advised you of the present condition of your teeth and gums, you will be presented with a customized treatment plan which has the goal of improving the function and/or appearance of your teeth and gums. Your treatment plan should involve one, or a combination of, the following (perhaps along with other recommended dental procedures): veneers, crowns, bonding, inlays, onlays, whitening, root canal therapy, gum contouring or tooth contouring. Below are summary descriptions of these procedures. You will also be shown photographs and/or x-rays of Dr. Cooper's recommended procedures for you as illustrations of the primary procedures of your proposed treatment plan.

DESCRIPTIONS OF CERTAIN DENTAL PROCEDURES

Porcelain Veneers are shells of porcelain that are bonded to the teeth. This procedure requires some roughening or reduction of the outer tooth structure. Dr. Cooper will endeavor to minimize the tooth reduction necessary, under the circumstances, to achieve the desired aesthetic and functional results. At a later visit, the veneers are bonded onto the prepared teeth. The veneers may be designed and fabricated in a variety of shapes and sizes to modify the appearance and function of the teeth, including a V-shape that covers the front and backside of the teeth.

Crowns are life-like looking tooth restorations made out of porcelain, or porcelain plus other materials. A crown covers the entire tooth structure. Typically more tooth structure is removed to prepare for a crown placement than a veneer. Crowns may be recommended for teeth requiring additional support due to loss of healthy tooth structure.

Bonding is a term that is commonly used to refer to the placement of composite resins on teeth. Bonding can be used to make a tooth colored filling for small cavities and to also repair broken or chipped tooth surfaces. It can also be used to close spaces between teeth.

Inlays or Onlays may be the recommended treatment when individual back teeth are broken down but retain enough healthy tooth structure to allow for restoration of certain voids in the tooth structure. The tooth is prepared much like a normal filling or a short crown. The restoration material is custom fabricated out of composite resins, porcelain or porcelain and gold bonded into the void.

A **Bridge** is a replacement made for missing teeth. It is composed primarily out of porcelain and zirconia, which is bonded to adjacent teeth. These abutment teeth may require some reduction or crowning in order to support the teeth being replaced.

Whitening is performed by applying peroxide to the teeth. This can be done in our office or by a take-home system. The peroxide reacts with the tooth structure to safely whiten the teeth. Porcelain or composite restorations will NOT whiten.

Root Canal Therapy consists of the removal of infected or irritated nerve tissue that lies within the root of a tooth. This is a possible risk when tooth structure is removed from a tooth, decay is present and removed, the tooth receives trauma or your natural tooth structure fractures under an existing restoration. If the remaining natural tooth is insufficient in size to retain a restoration, an endodontist, or Dr. Cooper, will perform a post-and-core to rebuild the missing tooth structure and an additional procedure, probably a crown, will be needed. An additional fee will be applied to this service. This procedure can also occur if a veneer de-laminates and requires a crown to be fabricated.

Tooth Contouring is the reshaping of existing tooth structure by removing small amounts of the tooth structure itself. We give particular attention to the edges of the upper and lower front six (6) teeth, which may be reshaped to create a more aesthetic result.

Gum Contouring is the reshaping of the gum tissue, which is many times done to give a more symmetrical appearance. Depending on the location of the bone, you may be referred to a periodontist to have this procedure accomplished.

CUSTOM PREPARATION

Each person is unique and presents a different set of circumstances. Some of these circumstances are not revealed until during the procedure itself (for example, decay hidden under old crowns) or after. Therefore, the exact nature of the tooth and gum preparation for your treatment plan may vary somewhat from tooth-to-tooth, and may vary from the general descriptions of what you have read above or seen elsewhere depending on the amount of decay (if any) present, the shape and position of the teeth, and the desired look and function of the final restorations. As a result of these and other reasons, the exact nature and contours of the preparation of your teeth, and the resulting restorations, cannot be known until they are performed. During the course of treatment, unknown or unforeseen conditions may be revealed that necessitate a modification of the proposed treatment plan. Dr. Cooper will exercise his professional judgment to perform a conservative preparation of your teeth and to make other necessary decisions regarding the means, manner and method of any procedures, as they deem appropriate to achieve the desired results of the treatment plan or as they otherwise deem advisable under the circumstances.

SPECIFIC RESULTS NOT GUARANTEED

Dental procedures have an extremely high degree of success in our practice. Human tissues, however, react differently to dental treatment depending on a variety of factors. Each individual case is different, if not impossible, to guarantee. Thus, as with any branch of medicine or dentistry, the proposed treatment plan contains no guarantee of specific results. There are many variables that affect how long restorations or whitening can be expected to last including general health, maintenance of good oral hygiene, regular dental check-ups, etc. Natural teeth themselves are not "perfect" and contain certain embrasures, striations and color variations. Dr. Cooper will use his artistic skills to specify the shades, coloring, shape and sculpting of the restorations to make what are, in his experience, very realistic replicas of teeth. As with any type of artistic endeavor, however, aesthetics is a highly subjective perception. Once your approval is given, the restorations are placed. Any re-dos based on the shade, coloring, shape, sculpting and/or other aesthetic issues will be at Dr. Cooper's direction and at its then current rates. Therefore, you may want to bring a friend or loved one to attend the cementation appointment to assist in your approval of the restoration(s). If a veneer de-laminates repeatedly or fractures, a new procedure of a crown may be necessary at the current fee schedule.

ALTERNATIVE TREATMENTS

There are alternative treatments to Dr. Cooper's recommended treatment plan which may include, but are not necessarily limited to, one or more various combinations of veneers, crowns, bonding, inlays, onlays, whitening, contouring of teeth and/or gums, bridges, root canal therapy, fillings, orthodontics, non-surgical therapy, surgical curettage or cleaning, tooth extractions and implant treatments, as well as other unspecified dental treatments. Please make sure you have had plenty opportunity to ask about these alternative treatments and have had them explained to your satisfaction.

NON-TREATMENT OPTION

You do have the option to refuse Dr. Cooper’s suggested treatment plan, and have no dental treatment(s) performed. This decision may entail a number of actual and/or potential risks, which are difficult or impossible to quantify or predict for specific cases. Some of the risks of non-treatment may include, but are absolutely not limited to, exacerbation of any existing symptoms, deterioration of the aesthetics and/or function of your teeth, improper biting, tooth, head and/or neck pain, fracturing of your teeth, discoloration and/or staining of your teeth, rotation and/or movement of you teeth, TMJ complications, additional wear to your teeth to the point they become candidates for reconstruction, loss of your teeth, bite problems, poor chewing, loosening of your teeth, need for dentures, gum recession, bad breath, inability to perform adequate oral hygiene, abscesses and/or infection(s), pain, tooth sensitivity, tooth movement, worsening periodontal condition, deeper pockets and other oral health problems.

RISKS AND INCONVENIENCES

Inherent in your proposed treatment plan (as well as with many similar or other dental procedures) are certain actual potential risks and inconveniences, which vary based on individual circumstances and variations in teeth and gums. These risks and inconveniences may last for a short or an indefinite length of time. They include, but are not necessarily limited to, swelling, pain, tooth sensitivity, bleeding, bruising discoloration, gum recession, abscesses, the need to repeat all or part of the procedure for known or unknown reasons, gagging, exposure of crown margins or edges, numbness; gum, bone or teeth inflammation, lisping, speech impediments or speaking difficulties, infection(s), virus, changes in facial appearance, stretching of the mouth resulting in cracked corners, stiffness of facial muscles, changes in occlusion, tooth mobility, loss of teeth, oral surgery, food impaction, root staining, oral opening restriction, tissue sloughing, continued periodontal disease, implant rejections, root canal therapy; numbness of the lips, chin and gums, dental neuropathy; temporary or permanent numbness or tingling in the lip, tongue, teeth, gums, chin, cheek or jaw area, nerve problems, parasthesia, joint pain/disorder, need for a night guard, accidental nicks or cuts from dental instruments or broken needle sticks to the body; injuries to the adjacent facial area, other tissues and teeth, fillings in other teeth, sutures; chipping, breaking or loosening of temporary or final restorations, de-laminations of veneers, accidental swallowing or aspirating of restorations, materials or dental tools; referred pain to the ear, neck jaw or head, temporalmandibular joint (jaw joint) problems, nausea, allergic reaction(s), bone fracture, delayed healing, sinus complications; adverse reaction to drugs, medications and/or anesthetic (including nitrous oxide), respiratory distress, heart failure or death. You understand that your condition may be the same, better or worse after treatment. If previously placed dental restorations are in place on your teeth, the treatment plan may entail additional alteration of tooth structure to properly prepare these teeth for new restoration and/or other unknown or unspecified problems or risks, which Dr. Cooper may or may not have encountered, and which are difficult or impossible to predict quantity.

MAINTENANCE OBLIGATIONS

For successful treatment results to lessen the dangers of complication, you agree to comply with your individualized maintenance program and keep excellent oral hygiene. It is typical to need follow-up visits for occlusal or other adjustments. You agree to notify Dr. Cooper at the soonest possible moment in the event that you experience pain or discomfort that you believe may be related to Dr. Cooper’s treatment. You agree to keep your follow-up appointments and to follow recommended treatment on your treatment plan, as well as follow other precautions and recommendations that may be provided as part of your pre-operative or post-operative instructions. Veneers can break, chip or de-laminate. If this occurs, a re-cementation or re-fabrication fee along with additional emergency fees may apply.

NIGHT GUARD

Patients who exhibit signs of bruxism, grinding, clenching, occlusal wear or bite issues may fracture or de-laminate veneers and crowns. An occlusal guard (night guard) will be prescribed to protect the porcelain. One that is worn consistently every night does not guarantee perfect retention, but decreases the risk of de-lamination and fractures.

CONSENT

By signing below, I acknowledge that I have been given the time to read, and have read, the preceding information on all pages of this document. I agree to assume the risks and inconveniences of my treatment. I understand that Dr. Cooper will explain to me, in general terms, the diagnosis of my condition, the basis for his treatment plan recommendations, general descriptions of the proposed treatment plan, the alternatives (including non-treatment) and the risks and inconveniences. I assume the opportunity to ask any questions and any such questions will be answered or explained to my satisfaction.

I consent to the making of records (x-rays, photographs, prescriptions, treatment, healthcare operations, payment and the disclosure of my personal information) before, during and after treatment. Dr. Cooper’s office may disclose my records to dental laboratories, lectures, other dental doctor’s offices or professionals and to my insurance provider(s), which pertain to my dental treatment.

I, _____, understand this form and consent to agree with the terms of the treatment as described herein:
PRINT PATIENT NAME

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

DATE