

Ted I French, D.D.S., Inc.

801 Rd to Six Flags, W. Ste 143
Arlington, TX, 76012
Phone: 817-461-2843



Email: tfrench1@swbell.net
www.nutrametrix.com/tedfrenchdds
Fax: 817-801-8095

GENERAL DENTISTRY ACKNOWLEDGEMENT & CONSENT

Treatment Plan:

I understand the recommended treatment and my financial responsibility as explained to me. I understand that by signing this consent I am in no way obligated to any treatment. I also acknowledge that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination

Drugs & Medications:

I understand that antibiotics, analgesics and other medications can cause allergic reactions such as redness and swelling tissue, pain, itching, vomiting and/or anaphylactic shock. I understand that the administration of local anesthetic may cause an untoward reaction or side effects, which may include, but are not limited to bruising, hematoma, cardiac stimulation, muscle soreness, and temporary or rarely, permanent numbness.

Extractions:

I understand removing teeth does not always remove the infection, if present, and may be necessary to have further treatment. I understand the risks involved in having teeth removed, some of which are pain, swelling, spread of infection, dry socket, loss of feeling in my teeth, lips, tongue and surrounding tissue that can last for an indefinite period of time, or fractured jaw. I understand I may need further treatment by a specialist if complications arise during or following treatment, the cost of which is my responsibility.

Crowns, Bridges & Veneers

I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I further understand that I may be wearing temporary crowns, which come off easily and that I must be careful to ensure that they are kept on until the permanent restoration is delivered. I realize the final opportunity to make changes (shape of, fit, size and color) will be before cementation. Excessive delay in the permanent cementation of crowns or bridges may allow for tooth movement. This may necessitate a remake of the crown or bridge. I understand there will be additional charges for remakes due to my delaying permanent cementation.

Endodontic Therapy:

I realize there is no guarantee that root canal treatment will save a tooth, and that complications can occur from the treatment, and that occasionally root canal filling material may extend through the tooth which does not necessarily affect the success of the treatment. I understand that endodontic files and reamers are very fine instruments and stresses and defects in their manufacture can cause them to separate during use. I understand that occasionally additional surgical procedures may be necessary following root canal treatment. I understand that the tooth may be lost in spite of all efforts to restore it.

Periodontal Therapy:

I understand that if I have been diagnosed with a condition causing gum and bone inflammation and/or loss, that the result could lead to loss of teeth. I understand that periodontal surgery is intended to strengthen the bone support of teeth or improve the health of the gum tissue. Success of periodontal surgery requires my strict maintenance of oral home care and compliance with the recommendations of the dentist and dental staff.

Fillings:

I understand that care must be exercised in chewing on filling teeth, especially during the first few hours to avoid breakage. I understand that a more extensive restorative procedure than originally diagnosed may be required due to additional or extensive decay. I understand that significant sensitivity sometimes occurs following a newly placed restoration.

Partials & Dentures:

I understand the wearing of partials/dentures is difficult in the beginning: sore spots, altered speech, and difficulty in eating are common problems. Immediate dentures (placement immediately after extractions) may be painful at first and may require considerable adjusting and several relines. A permanent reline will be needed at a later date. I understand that it is my responsibility to return for delivery of my partial/denture and that failure to keep my delivery appointment may result in poorly fitted dentures. If a remake is required due to my delay, additional charges could be incurred.

Dental Implants & Implant Prosthetics:

I understand that dental implants are artificial devices placed into the bone in my jaw to support replacement teeth. I further understand that the risks associated with surgical placement of implants are separate from the restoration of implants and its associated risks.

I understand that the number, size, and position of the implants depend on the amount of availability of bone in my jaw, and that these factors may influence/limit the restoration of the implants in ways which may cause the restoration to vary from an ideal situation.

I further understand that there may be some unwanted complications associated with restoration of my implants, some of which are damage to nearby teeth and restorations, infection gum tissue swelling, sensitivity and/or pain, disagreement with aesthetic results (appearance), breakage of prosthesis, retaining screws, implants or any components of the restoration and failure of the integration of the implant to the bone.

Signed: _____

Date: _____