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Consent for Dental Treatment

This generalized dental consent form is for your review and signature. Our staff will be glad to answer any questions you may have.

I understand that dentistry is not an exact science and therefore, reputable practitioners cannot guarantee results. I acknowledge that no guarantee or assurance has been made to me by anyone regarding the dental treatment that I have requested and authorized for myself or my minor child. I have had full opportunity to discuss and ask questions regarding the dental treatment and all questions have been answered to my satisfaction.

DRUGS AND MEDICATIONS

Any medication, including antibiotics, anesthesia and pain relievers can cause allergic reactions with redness and swelling of tissues, itching, pain, vomiting and/or severe allergic reactions known as anaphylactic shock. Prolonged numbness may occur.

CHANGES IN TREATMENT PLAN

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the mouth which were not discovered during examination. This will be discussed with me as soon as practical during the dental treatment visit.

REMOVAL OF TEETH

If teeth are diseased but are deemed savable or restorable, alternatives to removal include but are not limited to root canal therapy, crowns, periodontal therapy and doing nothing. I understand removing teeth does not always remove all the infection if present. It may be necessary to have further treatment. I understand the risks involved in having teeth removed include but are not limited to pain, swelling spread of infection, dry socket, fractured jaw or loss of feeling in my teeth, lips, tongue and surrounding tissues (paresthesia) that can last for days, months or may be permanent. I understand that further treatment by a specialist or even hospitalization if complications arise during or following treatment, the cost of which is my responsibility.

CROWNS (CAPS) AND BRIDGES

Severely broken or extensively restored teeth may weaken and require buildup and artificial crowns made of metal, porcelain or combination of materials. I understand it is sometimes not possible to exactly match the color of natural teeth. Temporary or provisional crowns, if utilized, may come off easily. I will inform Dr. Crane or his staff as soon as possible should the crown come off for instructions on what I should do until the definitive restoration is returned from the dental lab. I acknowledge the final opportunity to make changes in shape, fit, size or color for my new crown (cap) or bridge will be before it is cemented into my mouth.

GUM DISEASE

It is the patient's responsibility to maintain good gum health with thorough daily flossing and brushing and regular dental checkups as recommended for you by Dr. Crane. Oral hygiene aides (tooth picks, water "flossers", interproximal tooth brushes) may be useful to supplement flossing and brushing. If you already have gum disease, treatment options will be reviewed with you. Gum disease has been associated with increased risk for systemic disease (Adult Onset Diabetes, Heart Disease, Arthritis, Dementia, some Cancers). Gum disease can only be controlled with effective care. Occasionally, our best efforts to help control the gum disease may still result in tooth loss.

COMPLETE OR PARTIAL DENTURES

I realize that full or partial dentures are artificial and constructed of plastic, metal and/or porcelain. The problems of wearing these appliances include looseness, soreness and possible breakage. I realize the final opportunity to make changes in shape fit, size or color will be at the final in office try-in of the teeth set in wax prior to processing by the lab. I understand the tissues in my mouth will change over time and the appliances may become loose or ill-fitting and require relining or refitting at additional fees. No guarantee is made regarding function, durability or longevity of any dental appliance. Reasonable efforts will be made to make any appliance comfortable and useful. There will be no refund of fees for any dental prosthesis placed.

ENDODONTIC TREATMENT (ROOT CANALS)

I realize there is no guarantee root canal treatment will save my tooth. Complications can occur during treatment, including separated instruments within the canal or medicaments extruding outside the root. This does not necessarily affect the success of treatment. I understand that occasional additional surgical procedures may be necessary following root canal treatment and may incur additional charges. Teeth that have had root canal therapy will need to be "capped" in most cases.

Signature

Date