



Hoye Dental

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Patient Name: _____ Birth Date: _____

Dental Treatment Consent Form

For your convenience, we make available this generalized dental consent form for your review and signature. Please do not hesitate to ask our dental staff any questions you may have.

1. DRUGS AND MEDICATION

I understand that antibiotics and analgesics and other medications can cause allergic reaction causing redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction).

2. 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 teeth that were not discovered during examination, the most common being root canal therapy following routine restorative procedures.

3. REMOVAL OF TEETH

If the teeth are savable/restorable, the alternatives to removal of teeth are root canal therapy, crowns, and periodontal, surgery, etc. I understand removing teeth does not always remove all the infection, if present, and it 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 (Paresthesia) that can last for an indefinite period of time (days or months) or fractured jaw. I understand I may need further treatment by a specialist or even hospitalization if complications arise during or following treatment, the cost of which is my responsibility.

4. CROWN, BRIDGES AND CAPS

I understand that sometimes it is not possible to match the color or natural teeth exactly with artificial teeth. I further understand that I may be wearing temporary crowns, which may come off easily and that I must be careful to ensure that they are kept on until the permanent crowns are delivered. I realize the final opportunity to make changes in my new crown, bridge, or cap (including shape, fit, size and color) will be before cementation.

5. DENTURES, COMPLETE OR PARTIAL

I realize that full or partial dentures are artificial, 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 my new dentures (including shape, fit, size, placement, and color) will be the “teeth in wax” try-in visit. I understand that most dentures require relining approximately three to twelve months after initial placement. The cost for this procedure is not included in the initial denture fee.

6. ENDODONTIC TREATMENT (ROOT CANAL)

I realize there is no guarantee that root canal treatment will save my tooth, and that complications can occur from the treatment, and that occasionally metal objects are cemented in the tooth or extend through the root, which does not necessarily affect the success of the treatment. I understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy).

7. PERIODONTAL LOSS (TISSUE & BONE)

I understand that serious gum problems can lead to bone infection or bone loss and that it can lead to the loss of my teeth. Alternative treatments include gum surgery, replacements and/or extractions. I understand that undertaking any dental procedures may have a future adverse effect on my periodontal condition.

8. CHILDREN

Try to bring your child in to visit the dentist before any toothaches or problems develop. This allows us to gradually orient your child to our office and explain what we do. When your child reaches the age of 3 or 4, it’s a good idea to have him or her meet the dentist. Despite your instincts, it is better for parents and other family members to stay out of the treatment room when it finally comes time for a child to receive treatment. Prior to your child’s first visit, don’t say words to him or her such as “shot”, “needle”, or “drill”. This will just scare them. The dentist will explain to your child using non-threatening terms, what instruments will be used and how they work. Children that are not apprehensive usually experience no discomfort at all during their appointment. Most importantly, relax! Children can read apprehension on the faces of their parents, and will become nervous if they sense excess concern.

9. DENTAL INSURANCE

We take the insurance burden off of your shoulders by verifying your benefits and filing claims on your behalf. We will find out specifically what your particular plan covers. It is our pleasure to help you maximize your insurance benefits. Although insurance is a wonderful benefit, it rarely covers the cost of treatment at 100%. You will be responsible for any amount the insurance payment does not cover. For more detailed information regarding our policy on dental insurance please ask us!

Name of Patient, Parent, or Guardian _____ Date _____

Signature of Patient, Parent or Guardian _____