

Consent for Prosthodontic Treatments

After extensive discussion regarding the proposed treatment, associated risks and expected outcomes, I hereby consent for prosthodontic treatments now and continual treatments, acknowledging that I understand the following:

1. My diagnosis and treatment options have been reviewed with Dr. Rogers using photographs, radiographs & charting to my understanding. The plan was discussed at length using similar cases for examples. Also, the pros and cons of possible alternative methods (if any) of replacing my missing teeth have been explained to me, including: no treatment, maintaining or improving my present denture or bridge, or restoring missing teeth with “conventional” methods.
2. I understand that once the restorative process has begun, the entire treatment plan must be followed and completed on schedule. If the planned schedule is not carried out, the restoration(s) may fail, or my disease may change or escalate to the point that further treatments and/or referrals are needed.
3. I understand that management of my health is critical to the success of dental treatments and any implants, including: taking prescribed medications as directed, avoiding excessive alcohol use, refraining from abuse of prescription or illegal drugs. I understand that tobacco use is extremely detrimental to the success of all dental treatments and implants.
4. I understand that continued maintenance is the most important aspect of any dental treatment and I understand it is my responsibility to make sure I keep any maintenance appointments and diligently comply with oral hygiene practices at home. Dr. Rogers has offered to rotate maintenance with my referring DDS or I can come here for all visits. It was explained that if I miss maintenance appointments, I may have recurrent cavities or periodontal disease that could exacerbate to the point that I need further treatment. I further understand that maintenance visits are not included with this treatment plan and those fees are collected at the time of service. Recurrent cavities/periodontal disease are a risk even with perfect recall attendance.
5. I understand that Dr. Rogers will regularly request dental radiographs (X-rays) to aid in the diagnosis of dental diseases and conditions. Failure to allow these radiographs as set out by applicable standards of care can lead to significant additional treatment and/or the development of undiagnosed serious or fatal conditions.
6. Dr. Rogers makes no guarantees that the prosthodontics treatments or restorations will last for a specific time period. Further, I understand that no guarantee, warranty, or assurance has been given to me that the proposed treatment will be completely successful in eliminating all pre-treatment symptoms or complaints. While I understand that scientific literature strongly supports the long-term success of dental prostheses and dental implants, I understand that each case is different and has no guarantees of success.
7. My doctor has explained to me that there are general risks and side effects associated with my proposed dental treatment plan and any necessary anesthesia, including but not limited to:
 - A. Discomfort, swelling, bruising, bleeding, infection, prolonged numbness, or allergic reaction,
 - B. Pulp damage in preparation of any teeth and that I may need root canals, whether foreseen or not.Root canal fees are not included in this estimate and I must pay for them as needed.

▼ Please read and sign on the back. ▼

- C. All dental procedures have risks of swallowing small instruments or foreign objects. Most of the time these events are not harmful, but occasionally these objects can be aspirated, which would require follow-up or referral to an appropriate provider.
- D. Although rare, after some procedures some restricted mouth opening may occur for several days due to swelling, muscle soreness or stress on the jaw joints (TMJ),
- E. Bone loss around the implants,
- F. Tooth fracture- rarely, the teeth under a prosthesis may fail or break off
- G. Implant components can fail- such as abutment screw loosening, porcelain fractures, implant fixture/screw fractures, which can make the restorations and/or implant unusable and may be a costly repair, at my expense. In some cases, implant crowns, screws, abutments or porcelain may have smaller problems and can be repaired simply, for nominal fees, compared to the initial restorations fees. Any component failures are not the fault of Dr. Rogers or staff, but are a risk with all manufactured parts. Dr. Rogers guarantees labor for ONE year only, so after that year, whatever work required will be charged accordingly. The manufacturer of the implant parts may (may not) guarantee their parts for many years, but not our labor.

8. The treatment plan proposed by Dr. Rogers may involve other dentists whose fees are not included in his care plan for me. I understand that I am responsible for paying those other dentist's fees separately.

My signature below signifies that all questions regarding this consent have been answered to my satisfaction. I fully understand my condition, the proposed dental & surgical procedure(s) and the associated risks. I certify that I read, write and understand English. I hereby give my consent for the treatment planned and any follow up as needed

Patient's (or Legal Guardian's) Signature _____ Date _____

Doctor's Signature _____ Date _____

Witness' Signature _____ Date _____

