

**Dental Rehabilitation Center
Implant , Cosmetic, & Reconstructive Dentistry
Consent For Clinical Treatment/Procedure**

Name of the treatment(s)/procedure(s): COMPLETE ORAL REHABILITATION

Part of the body on which the treatment/procedure will be performed:

INFORMATION ABOUT THE TREATMENT/PROCEDURE

Reason for treatment/procedure (diagnosis, condition, or indication):

To repair or replace heavily worn or broken teeth and/or missing teeth. To improve the appearance of the teeth. To restore a collapsed or decreased bite.

Brief description of the treatment/procedure: COMPLETE ORAL REHABILITATION

This procedure involves repairing or replacing some or all of your teeth. Before the procedure, your dentist will perform a complete oral exam. During this time, a full series of x-rays will be reviewed, and/or taken if none exists. X-ray uses radiation to produce images of the inside of your body. Impressions of your teeth may be taken to make diagnostic models of your mouth and teeth.

Your dentist will discuss a treatment plan with you based on your condition. Your dentist may give you a few options for your treatment. This treatment usually takes place over a period of time. Your dentist will discuss this with you. Your dentist may give you injection(s) of local anesthesia. With local anesthesia, an injection of drugs causes numbness in the exact location of a minor surgery or dental procedure. If you have areas of pain, you may need a root canal. When the nerves or interior of the tooth (called the pulp) is infected, pain can develop. A root canal cleans out the infected pulp and nerves. You may need to have a crown done on any root canal treated teeth. You may need to have teeth removed if they have too much damage. This is known as tooth extraction. Your dentist may also discuss with you the health of your gum tissue and presence of any gum disease. You may need gum treatment or even gum surgery. If you have any active tooth decay, it will be removed, and teeth may be restored with fillings, crowns, or bridges. You may need partial or complete dentures. These are removable teeth (false teeth). You may also need implants, which restore teeth permanently. If you are concerned with the appearance of your teeth, your dentist may suggest other types of treatment to improve the way your teeth look.

Potential benefits of the treatment/procedure: COMPLETE ORAL REHABILITATION

This procedure may improve your appearance. It may restore your teeth. Your mouth may be healthier.

Known risks and side effects of the treatment/procedure: COMPLETE ORAL REHABILITATION

Known risks of this treatment include, but are not limited to:

- Damage to nerve(s). This may include temporary or permanent pain, numbness, or weakness. This may be discovered during the procedure or later.
- Discomfort from incomplete numbing of the area.
- Discomfort or pain from the initial injection.
- Having this procedure done may affect your future treatment options. Ask your doctor.

- Incomplete relief of pain.
- Numbness.
- Pain or sensitivity in the tooth.
- The results of the procedure may not look or feel the way you or others want it to.
- You may need additional tests or treatment.
- Bone infection (osteomyelitis).
- Changes in speech. Changes in the way you pronounce words.
- Infection.
- Reaction to local anesthesia or other medicines given during or after the procedure.
- Swelling.
- Breakage of teeth or trauma to the gums.
- The device, equipment, or material used to do the procedure or implanted may not work correctly, fail or cause problems during the procedure or later. The procedure may not be completed. You may need additional treatment now or later.
- Damage to the jaw, jawbone, or nearby structures. This may be discovered during the procedure, or later.

Alternatives to the treatment/procedure: COMPLETE ORAL REHABILITATION

- Watching and waiting with your doctor.
- You can refuse to use anesthesia.
- You may choose not to have this procedure.

Anesthesia/Moderate Sedation:

Moderate sedation may be used. Medications will be administered to decrease anxiety and discomfort during the treatment/procedure. These medications will be administered by a qualified practitioner. Patient response to some of these medications varies. Patients are expected to remain aware and responsive during the treatment or procedure. Minor risks of moderate sedation include temporary amnesia or forgetfulness and downiness. Moderate sedation can interfere with your ability to drive, operate machinery, or make important decisions for up to 24 hours. Medications used for moderate sedation can cause allergic reactions, respiratory depression (this is when your breathing slows down and may stop), low blood pressure, and a slow or irregular heart beat. In rare instances, these complications can cause death. Tell your health care team if you do not wish to receive moderate sedation.

SIGNATURES

- All relevant aspects of the treatment and its alternatives (including no treatment) have been discussed with the patient(or surrogate) in language that s/he could understand. This discussion included the nature, indications, benefits, risks, side effects, and likelihood of success of each alternative.
- The patient (or surrogate) demonstrated comprehension of the discussion.
- I have given the patient (or surrogate) an opportunity to ask questions.
- I did not use threats, inducements, misleading information, or make any attempt to coerce the patient/surrogate to consent to this treatment.
- I have offered the patient (or surrogate) the opportunity to review a printed copy of the consent form.

Practitioner (Dr. Rami Jandali)

Date/Time:

PATIENT OR SURROGATE:

By signing below, I attest to the following:

- Someone has explained this treatment/procedure and what it is for.
- Someone has explained how this treatment/procedure could help me, and things that could go wrong.
- Someone has told me about other treatments or procedures that might be done instead, and what would happen if I have no treatment/procedure.
- Someone has answered all my questions.
- I know that I may refuse or change my mind about having this treatment/procedure.
- I have been offered the opportunity to read the consent form.
- I choose to have this treatment/procedure.

Patient or surrogate: (Name & Signature)

Witnesses:

No witness is required if the patient or surrogate signs their name.