

INFORMATIONAL INFORMED CONSENT
DENTAL PROPHYLAXIS, EXAMS, & X-RAYS

I UNDERSTAND that DENTAL PROPHYLAXIS TREATMENT is preventative in nature, intended for patients with healthy gums, and is limited to the removal of plaque and calculus from the tooth structures in the absence of periodontal (gum) disease. I understand that this may be done with hand (Manual) and/or Ultrasonic Instruments.

I UNDERSTAND that there is an EXAMINATION and X-RAYS will be taken at Initial & recall appointments in order to complete the examination, diagnosis, and treatment plan. Digital Imaging is low dose radiation used for the two main types of dental x-rays. Intraoral x-rays are taken when the sensor is inside the mouth (BWX'S) and extraoral x-rays are taken outside of the mouth- such as a Panoramic Film. I understand radiographs are necessary in providing standard of care to help assess and diagnose oral and dental issues.

1 Patient responsibility for care: It is very important that you provide your dentist/hygienist with an accurate medical history before, during, and after treatment. It is requested that the patient exercise diligence in performing the home care required after treatment as instructed by the treating dentist or hygienist.

2 Pain, soreness and sensitivity: There may be minor gum irritation and/or sensitivity and bleeding. There may be temporary discomfort related to hot and cold stimuli. You may experience stretching of the corners of the mouth with resultant cracking.

3 Noise and water spray: Ultrasonic instrumentation is noisy and the water used may cause cold sensitivity during treatment.

4 Prophylaxis paste: Prophy paste is often used to polish the teeth. There may be splatter from the polishing that could get onto your face causing irritation or onto your clothing.

5 Broken instruments: Although rare, instruments can break while scaling the teeth. Sometimes this can require surgical removal.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of dental prophylaxis, exams, and x-rays and have received answers to my satisfaction. I do voluntarily assume any and all reasonable medical/dental risks, including the substantial and significant risk of serious harm, if any. Fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr Ellis and/or his/her associates to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and/or medications.

Patient's name (please print)

Signature of patient or legal Guardian)

Date

Witness to signature

Date