

# NP - Initial Consent for X-Rays, Exam and Cleaning

## Initial Consent for X-Rays, Exam and Cleaning

First Name - Patient \*

Last Name - Patient \*

Patient Date of Birth



I authorized the Dentist and Staff to perform an examination, which may include X-rays. If diagnosed with prophylaxis (regular cleaning), I am authorized to have the procedure done.

### 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. I give my permission to the Dentist to make any/all changes and additions as necessary.

### INFORMED CONSENT FOR RADIOGRAPHS (X-RAYS)

This office follows the guidelines of the American Dental Association and recommends that FULL MOUTH X-RAYS (FMX) BE TAKEN ONCE EVERY 3 TO 5 YEARS and BITE WING X-RAYS every year for caries active patients and 1-2 years for routine cases. Current X-rays will be necessary before any diagnosis can be finalized. NO TEETH WILL BE EXTRACTED without a current PA (periapical x-ray showing the root and surrounding bone and soft tissue). No fillings will be placed without current bitewings and/or PAs of the tooth. NO EXCEPTIONS.

### CHILDREN AND ADULTS:

If any decay or dental infection (abscess) is obvious on visual inspection, x-rays will be necessary to assess the extent of damage to the tooth structure. If your child is uncooperative, you will be referred to a pediatric dentist for treatment. Bite-wings and occlusal films are recommended for school-age children 5 years and up. Bite-wing x-rays may be suggested at age 3.5 to 4 years if there is no spacing between the teeth and if we suspect caries. PREGNANT WOMEN: X-RAYS WILL BE AVOIDED UNLESS IT IS AN EMERGENCY. Please inform this office if you think you are pregnant and x-rays will be postponed. X-RAYS is used to diagnose 1) the extent of bone loss associated with PERIODONTAL DISEASE 2) interproximal caries -- decay in between the teeth 3) pathology of pulp 4) integrity of root canal fillings 5) verify tooth or root structure 6) supernumerary teeth, impacted teeth 7) pathologic root resorption 8) third molar location and position 9) bone pathology 10) need for interceptive orthopedic/orthodontic treatment 11) what is normal for you. This will become important if you ever have trauma to your face and teeth due to an auto/ bike accident or sports injury for example.

### ROUTINE CLEANING

Treatment involves removing the bacterial substance known as plaque, which is the principal cause of periodontal disease, and calculus, which is an accumulation of hard deposits on the tooth above the gingival margin. I understand that my gums may bleed or swell and I may experience moderate discomfort for several hours. There may be slight soreness for a few days. I will notify the office if conditions persist beyond a few days. I understand that because cleanings involve contact with bacteria and infected tissue in my mouth, I may also experience an infection, which would be treated with antibiotics. I understand that holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore and may make it difficult for me to open wide for several days afterwards. However, this can occasionally be an indication of a further problem. I must notify your office if this or other concerns arise. I understand that as my gum tissues heal, they may shrink somewhat, exposing some of the root surface. This could make my teeth more sensitive to hot or cold.

- I understand that I may receive a local anesthetic and/or other medication. In rare instances, patients may have a reaction to the anesthetic, which could require emergency medical attention, or find that it reduces their ability to control swallowing. This increases the normal chance of swallowing foreign objects during treatment. Depending on the anesthesia and medications administered, I may need a designated driver to take me home. Rarely, temporary or permanent nerve injury can result from an injection.

Name of Patient, Parent, Guardian or Personal Representative Relationship to Patient

Signature of Patient, Parent, Guardian or Personal Representative \*

Clear

