

# Gardner Wade DDS, LLC

Cosmetic and Family Dentistry

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## AUTHORIZATION AND INFORMED CONSENT TO DENTAL TREATMENT

I REQUEST AND AUTHORIZE Dr. Gardner Wade DDS, LLC and or such persons as he/she may appoint to perform and assist performance of essential treatment or procedure indicated and described below.

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Fillings: Amalgam (silver) or composite/resin (tooth colored) without pin

- Risks:
- 1-All Risks involved with anesthesia
  - 2-Thermal sensitivity for as long as 6 weeks
  - 3-Tooth may die and abscess resulting in the need of a root canal or extraction

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Root Canal: Nerve Treatment

- Risks:
- 1-All risks involved with Anesthesia
  - 2-Unsuccessful root canal resulting in extraction of tooth
  - 3-If tooth is not crowned it may fracture resulting in extraction
  - 4-Swelling
  - 5-Pain
  - 6-Infection
  - 7-Thermal Sensitivity
  - 8-Tooth may fracture during treatment
  - 9-Surgical closure of Apex of root
  - 10-Broken File while instrumenting canal
  - 11-If tooth has a porcelain crown prior to root canal, going through the crown may cause the porcelain to crack /chip during or post treatment.

\* I also understand that endodontic treatment is a biological procedure, and that even though very predictable, there can be no guarantee of success. Future treatments may include surgery or retreatment to bring about the expected results.

Date: \_\_\_\_\_ Patient Signature: \_\_\_\_\_  
(Guardian if under 18 years old)

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Extraction: Removal of tooth

- Risks:
- 1-All risks involved with anesthesia
  - 2-Swelling
  - 3-Phonetic interference (difficulty speaking)
  - 4-Cellulitis
  - 5-Pain
  - 6-Tooth mobility
  - 7-Food impaction around surgery site
  - 8-Trismus (temporary restricted mouth opening) requiring additional surgery
  - 9-Allergic reaction (previously unknown) to any of the medications used in the procedure
  - 10-Tooth or fragment in maxillary sinus
  - 11-Decision to leave a small piece in the jaw when its removal would require extensive surgery
  - 12-Injury to the nerve underlying the teeth resulting in numbness or tingling of the chin, lip, cheek, gum, and/or tongue on the operating side: this may persist for several weeks, months, or in remote instances, permanently.

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Crown, Bridge, and Veneers

- Risks:
- 1-All risks involved with anesthesia
  - 2-Death of the tooth resulting in the need of a root canal
  - 3-Porcelain fused to metal may chip or flake off
  - 4-Thermal Sensitivity
  - 5-Loss of the tooth due to periodontal disease if tooth is not kept clean by patient

**Periodontal Treatment Phase I Oral Hygiene Instructions, Root Planing and Scaling**

**Risks**

- 1-All risks involved with anesthesia
- 2-Infection
- 3-Thermal Sensitivity
- 4-Gum (gingival) recession
- 5-Pain
- 6-Food impaction between teeth
- 7-Exposure of margins of crowns
- 8-Recurrence of gum problems if the patient does not concur with oral hygiene instructions

**Periodontal Treatment- Phase II: Surgery Risks:**

- 1-All risks involved with anesthesia
- 2-Infection
- 3-Pain
- 4-Swelling
- 5-Thermal sensitivity
- 6-Gum recession
- 7-Exposure of margins of crowns
- 8-Phonetic interference
- 9-Tooth mobility
- 10-Food impaction between teeth
- 11-Trismus (temporary restricted mouth opening)
- 12-Recurrence of gum problems if the patient does not concur with the oral hygiene instructions
- 13-Tooth may appear long due to removal of tissue

**Anesthesia and Nitrous Oxide: May consist of one or both risks:**

- 1-Nausea and/or vomiting
- 2-Headache
- 3-Fainting
- 4-Death

**Local Anesthesia: Injection of Lidocaine, Carbocaine, and/or Scandonest Risks:**

- 1-Allergic reaction to anesthesia
- 2-Sweating
- 3-May lower or increase blood pressure
- 4-Fainting
- 5-Breakage of needle
- 6-Palpitation
- 7-Hemmatoma
- 8-Trismus (temporary restricted mouth opening)
- 9-Permanent or temporary parasthesia (numbness)
- 10-Death

**I certify that I have read and understand the above; I accept the risk of substantial and serious harm, if any hope of obtaining the desired benefits results of this treatment of procedure as listed above.**

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**Patient /Parent if Minor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**