

4.Fillings:

I have been advised of the need for fillings, either silver or composite (plastic), to replace tooth structure lost to decay. I understand that with time fillings will need to be replaced due to wearing of materials. In cases where very little tooth structure remains, or existing tooth structure fractures off, I may need to receive more extensive treatment (such as root canal therapy, post and build up, and crowns) which would necessitate a separate charge. I understand that the silver amalgam restoration is an acceptable procedure according to the American Dental Association guidelines and, as such, is a treatment used by Dr. Salman's Dental group, the advantages and disadvantages of alternate materials have been explained to me.

Initials _____

5.Endodontic Treatment (Root Canal therapy & pulpotomy):

The purpose and method of root canal therapy have been explained to me as well as reasonable alternative treatments, and the consequences of non-treatment. I understand that following root canal therapy my tooth will be brittle and must be protected against fracture by placement of a crown (cap) over the tooth.

- A) Post treatment discomfort lasting a few hours to several days for which medication will be prescribed if deemed necessary by the doctor.
- B) Post treatment swelling of the gum area in the vicinity of the treated tooth or facial swelling, either of which may persist for several days or longer.
- C) Infection.
- D) Restricted jaw opening.
- E) Breakage of root canal instruments during treatment, which may in the judgement of the doctor be left in the treated root canal or bone as part of the filling material, or it may require surgery or removal.
- F) Perforation of the root canal with instruments, which may require additional surgical treatment or result in premature tooth loss or extraction.
- G) Risks of temporary or permanent numbness in treatment area.

If a "OPEN AND MED" or pulpotomy procedure is performed, I understand that this is not a permanent treatment, and I need to pay for, and finish the final root canal therapy. If root canal treatment is not finalized I expose myself to infection and/or tooth may have to be extracted.

Initials _____

6.Crowns and Bridges (caps):

I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I understand that at times, during the preparation of a tooth for a crown, pulp exposure may occur, necessitating possible root canal therapy. I understand that like natural teeth, crowns and bridges need to be kept clean, with proper oral hygiene and periodic cleanings, otherwise decay may develop underneath and/or around the margins of the restoration, leading to further dental treatment.

Initials _____

7.Dentures/complete or Partial:

The problems of wearing dentures has been explained to me including looseness, soreness, and possible breakage, and relining the cause to tissue change. Follow up appointments are an integral part of maintenance and success of prosthetic appliance. Persistent sore spots should be immediately examined by the doctor. I further understand that surgical intervention may be needed for dentures to be properly fitted. I also understand that due to bone loss or other complicating factors, my dentures may not be to my satisfaction.

Initials _____

I understand that no guarantee or assurance has been given that the proposed treatment will be curative and/or successful to my complete satisfaction. I agree to cooperate completely with recommendations of the doctor. While I am under his/her care, realizing that any lack of same could result in less than optimum results.

I certify that I have had an opportunity to read and fully understand the terms and words within the above, including the opposing side of this document, and consent to the operation/treatment and explanation referred to or made. I have been encouraged to ask questions, and have had them answered to my satisfaction.

Date _____

Full Signature of responsible party