

MINNESOTA STATE UNIVERSITY DENTAL CLINIC

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(507)389-2147

Restorative Informed Consent

Patient Name: _____
Last First MI Preferred Name

Treatment planned procedures and cost:

I understand and accept that there is an increased risk of contracting the COVID-19 virus in the dental office or with dental treatment. I also acknowledge that I could contract the COVID-19 virus from outside this office and unrelated to my visit here. *

I consent I do not consent

I authorize the provider to perform the procedure(s) or course(s) of treatment listed above. By entering a checkmark and signing this form I acknowledge: *

- Withholding information about my health history may affect the outcome of the procedure(s) and/or course(s) of treatment.
- I have been informed of payment options and accept full responsibility for any balance due on my account
- I authorize any life-saving procedures to be performed in the event of an emergency (including medications as needed).
- I am a native speaker of English or have been offered the services of a qualified translator to explain this form.
- The provider has explained the benefits, limitations, and alternatives to treatment, including non-treatment.

All Restorative Procedures *

- After preparation, the teeth may exhibit sensitivity, which can range from mild to severe. This sensitivity may last only for a short period of time or may last longer. It is recommended to use sensitivity toothpaste every day. If sensitivity is persistent, the office should be notified immediately such that all possible causes of the sensitivity may be diagnosed and treated.
- It is common after placement or replacement of any restoration, small fracture lines in tooth structure are created. Often these fractures are not apparent at the time of treatment, but may manifest at a later time in the form of thermal or bite sensitivity.
- Preparation of the teeth for dental restorations often requires adequate removal of diseased or compromised tooth structure to ensure sound tooth structure for placement of the restoration. At times, tooth preparation may lead to exposure or trauma to underlying pulp tissue. Should the pulp not heal, root canal treatment or extraction may be required
- Due to extreme chewing pressures or traumatic forces, it is possible for dental restorations to be dislodged or fractured. The seal may fail, resulting in leakage and recurrent decay around the restoration. The provider has no control over these factors

Composite/Glass Ionomer Restoration *

- Not applicable
- Glass ionomer is quite fragile until it has completely solidified. DO NOT CHEW on recently placed glass ionomer fillings for approximately 48 hours.
- Effort will be made to match your natural tooth color. However, it may not be possible to exactly match the tooth coloration. Mouth fluids, different foods eaten, smoking, etc. may cause the shade to change over time. The provider has no control over these factors.
- Composite resin and glass ionomer technology continues to advance, and some materials, and some fillings may have to be replaced by better, improved materials. Having silver amalgam fillings replaced with white fillings has not been proven scientifically to improve, alleviate, or prevent any current or future health condition.

Silver Amalgam Restoration *

- Not applicable
- Silver amalgam is quite fragile until it has completely solidified. DO NOT CHEW on recently placed amalgam fillings for approximately 24 hours.
- Silver amalgam has been used for decades as a filling material for teeth and continues to be endorsed by the American Dental Association as an acceptable filling material. The Food & Drug Administration does not recommend amalgam for children, especially under the age of six, people with neurological impairment or kidney disfunction, people sensitive to mercury, silver, copper, tin or zinc, nursing mothers, pregnant women or those planning to become pregnant.
- Occasionally shavings generated by placement or carving of silver amalgam fillings may work their way into the surrounding gum tissues and become lodged. Over an extended period of time gray spots or tattoos may become visible within the mouth.

Pulpotomy *

- Not Applicable
- A pulpotomy is the partial removal of the pulp from a tooth. Pulp is the soft tissue inside the crown and roots of teeth containing nerves and blood vessels. Only tissue from the crown of the tooth is removed during a pulpotomy.
- Your dental practitioner will remove the tooth decay and gain access to the pulp of the tooth. The open chamber of the tooth is then treated and sealed with a filling. A stainless-steel crown may be placed on top of your tooth to protect the tooth from fracture.
- Common risks and complications include: 1) mild, temporary pain following a pulpotomy may occur due to inflammation of the tissues surrounding the tooth, however, severe or persistent pain may require more treatment, 2) infection, 3) the tooth may become darker following pulpotomy, 4) a pulpotomy may reduce the strength and durability of a tooth, making it more likely to fracture; this risk is reduced by using a strong filling or crown.

Stainless Steel Crown *

- NA
- I do NOT have an allergy to nickel.
- Potential risks include (but are not limited to) tooth sensitivity, reduction in tooth structure, bleeding, infection, gum irritation, risk of tooth fracture, damage to adjacent teeth, cracking and/or stretching of the corners of the mouth, stress to the jaw joints (TMJ), altered bite, possible breakage/dislodgement/bond failure of material, change in aesthetic appearance of teeth, allergic and/or adverse reaction to medications and/or materials.
- This procedure will not prevent future tooth decay, tooth fracture or gum disease, and occasionally a tooth that has had a crown may require future Root Canal Therapy, pulpotomy or extraction.

Extraction *

- NA
- I have been advised that, although good results are expected, the possibility and nature of the complication cannot be accurately anticipated and that there can be no guarantee as to the result of the treatment.
- Extractions may result in bruising, discomfort, and/or swelling. While rare, heavy bleeding, delayed healing and/or dry socket (loss of blood clot from extraction site) may occur.
- While rare, damage may occur to adjacent teeth and other tissues, including fillings, crowns, and/or bone fractures.
- When removing upper back teeth, sinus involvement may occur requiring additional surgery.
- Trismus (limited jaw openings) and/or temporomandibular joint discomfort may occur.
- Sharp ridges or bone splinters may form at the edge of the socket. These may require additional treatment to remove.
- Temporary/permanent injury may rarely occur to the nerve underlying the teeth resulting in discomfort, numbness/tingling of the lip, chin, gum, cheek or tongue.
- The clinician may decide to leave tooth fragments behind to avoid injury to vital structures such as nerves or sinus. You will be informed if this occurs.

Local Anesthetic *

- Not applicable
- There is a possibility of injury to the nerves of the lips, jaws, teeth, tongue, or other oral or facial tissues from any dental treatment, particularly those involving the administration of local anesthetics. The resulting numbness which may occur is usually temporary, but in rare instances could be permanent.
- DO NOT CHEW until all effects of the anesthesia have worn off. Minors need to be monitored to avoid accidental damage.

Post-Operative *

- It is my responsibility to contact the office and seek attention should any abnormal postoperative circumstances occur.
- I will diligently follow any preoperative and postoperative instructions given me.
- * As indicated by my checkmarks above and my signature below, the provider has given me the opportunity to read this document in its entirety and has allowed me to ask any and all questions pertaining to the procedure(s) above, their nature and purpose. All my questions and concerns have been answered to my satisfaction with language I could understand. I voluntarily assume all possible risk, including risk of substantial harm, if any, which may be associated with any phase of this, or any unforeseen additional, dental treatment in hopes of obtaining the desired results for me, or for my minor child or ward. I voluntarily assume the risk that the desired result may not be achieved. I have been given the option to seek treatment from a specialist. No guarantees or warranties have been made to me concerning the results.
By signing this form, I am willingly, under no duress, giving my consent to allow and authorize the dental team to render any treatment they believe necessary, appropriate, and/or beneficial to me, or my minor child or ward, including the administration and prescribing of any/all anesthetics and/or medications.**

Name of Student Provider: *

Response Date: _____