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Informed Consent for Treatment

Date

Patient Name

Chart Number

I request and authorize Dr. Paul D. Byerly and/or associate and assistants of his/her choice to perform the treatment that has been discussed with me today. I further request and authorize the taking of any additional dental/oral x-rays and the use of such anesthetics as may be considered necessary and/or advisable by Dr. Byerly to diagnose and/or treat my/the patient's dental problem(s).

I (the patient) have had explained to me, and I have had sufficient opportunity to discuss my/the patient's dental condition, the treatment procedure(s), and the benefits to be reasonably expected from this treatment, compared to alternative approaches and/or the option of no treatment. Specifically, I understand that any recommended surgery is intended to either correct anatomic deficiencies and/or arrest further progression of the disease process, and/or attempt to save a tooth/teeth that might otherwise be lost and/or replace one or more missing or hopeless teeth.

I (the patient) have been informed that the potential for long-term success of treatment requires my cooperation, including daily oral hygiene habits such as tooth brushing and flossing to control plaque, as well as the possible need for regular periodic recall visits upon completion of the proposed treatment/procedure(s), depending upon the situation. I understand that there is always a risk of treatment failure, relapse, or worsening of my/the patient's periodontal condition despite completion of the recommended treatment. I also understand that if no treatment is rendered, my/the patient's periodontal condition may worsen in time and result in the loss of teeth. I acknowledge that no guarantees have been given to me regarding the results of treatment, or whether it will be curative and/or successful to my complete satisfaction. I understand that, if re-treatment is necessary, there will be a charge for it. This charge may be reduced depending upon the situation.

I (the patient) have been informed of possible alternative methods of treatment (if any); I understand that other forms of treatment or no treatment at all are choices that I have and the risks of those choices have been presented to me.

The usual and most frequent risks or complications occurring from the planned treatment and procedures also have been explained to me. These risks include, but are not limited to, the possibility of pain or discomfort during and following treatment, bruising; swelling; infection; bleeding; injury to adjacent teeth, existing restorations and surrounding tissue including the temporomandibular joint (jaw); temporary or permanent numbness of the lip, cheek, chin, gums,

or tongue; and allergic reaction. During treatment, complications may be discovered which may make procedures that have not been previously discussed necessary, i.e. tooth/root extraction.

I (the patient) have been advised that some prescribed medications and drugs may cause drowsiness and lack of awareness and coordination, either alone or in combination with alcohol, tranquilizers, sedatives, or other drugs. Because of this possibility, I understand that it is not advisable to operate any vehicle, automobile, or hazardous device prior to my/the patient's full recovery from the effects of any prescribed medications and/or drugs unless expressly permitted by my pharmacist or Dr. Byerly and associates.

Women only: If on birth control pills, it is **important to understand** that **antibiotics** have been reported to **decrease oral contraceptive effectiveness**, resulting in a **chance of unplanned pregnancy**. If antibiotics are prescribed, other contraceptive methods are recommended if pregnancy must be avoided.

If I (the patient) have been treated previously with oral Bisphosphonate drugs (Fosamax, Fosamax plus D, Actonel, Boniva, Skelid or Didronel) or intravenous Bisphosphonate drugs (Aredia, Zometa or Bonafos), I (the patient) understand that Bisphosphonate drugs appear to adversely affect the ability of bone to break down or remodel itself, thereby reducing or eliminating its ordinary healing capacity. This risk is increased after surgery, especially from extraction; implant placement or other "invasive" procedures that might cause even mild trauma to bone. Osteonecrosis may result. This can be a destructive process in the jawbone that is often very difficult or impossible to eliminate. Patients that have had intravenous Bisphosphonate given for chemotherapy are at most risk. Patients who have not had intravenous cancer treatment with Bisphosphonates and have taken only Bisphosphonates are at much less risk.

For the purpose of advancing medical-dental education, I give permission for Dr. Byerly and staff to make and use any photographs of me/the patient for diagnostic, scientific, educational or research purposes. I also authorize the explanation and disposal of any tissue parts that may be removed and their use for teaching, educational or a research purpose, provided my/the patient's identity is not revealed.

All of my questions and concerns have been addressed and answered and answered to my satisfaction, and consent to the treatment and procedures prescribed for me/the patient.

Patient/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Signature of Dentist: _____ Date: _____