



The Hub Dental Practice

Informed Consent for Tooth Reduction



As part of your treatment we are proposing to do some tooth reduction. In Lay Persons terms it means we will be drilling your teeth and removing tooth structure.

Of course this will be kept to the minimum required.

As with all dental treatment there are some risks associated

The risks and Side Effects include

Necessity for Root Canal Therapy

Preparation of the teeth necessitates the removal of tooth structure. At times, this may lead to exposure or trauma to underlying pulp tissue.

Should the pulp not heal, which often is exhibited by extreme sensitivity or possible abscess, root canal treatment or extraction may be required. (If a Root canal is subsequently required then extra charges for the Root canal will apply)

Injury to the Nerves: In any type of dental work, 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 could occur is usually temporary, but in rare instances could be permanent.

Failure of the restoration or underlying tooth structure

This may necessitate the requirement for a new restoration including crown or even extraction. If a crown/veneer or extraction/bridge/implant is subsequently required then extra charges will apply

Sharpness and Roughness

These can be corrected easily, and you should let us know as soon as you realise.

Patient must follow the post treatment instructions for the procedure

PATIENT CONSENT: by my signature below, I expressly acknowledge that:

I certify that I have read fully and understand the above authorization and informed consent.

The dentist has explained the verbally and with leaflets the options and risks of the proposed treatment. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes. The dentist has explained other relevant treatment options and their associated risks.

I was able to ask questions and raise concerns with the dentist about my condition, the procedure and its risks, and my options. My questions and concerns have been discussed and answered to my complete satisfaction.

On the basis of the above statements,

I REQUEST TO HAVE THE Tooth Reduction PROCEDURE

I realise that signing this does not oblige me to have all or any part of the treatment proposed, but is simply an acknowledgement of the fact that I am giving my informed consent if I decide to go ahead.

(CF Tooth Reduction)

Name _____ Date of Birth ____//____//____

Signature _____ Date ____//____//____