

but measurable increase in mercury in your blood and/or urine.

Inlays or Onlays may be the recommended treatment when teeth have had decay or are broken down but retain enough healthy tooth structure to allow for restoration of certain voids in the tooth structure. The tooth is prepared much like a normal filling. The restoration material is custom fabricated out of composite resins, porcelain, or metal, and then bonded into the void.

Whitening is performed by applying a peroxide based gel to the teeth. This can either be done in our office with an accelerated method or through a take home system. The peroxide reacts with the tooth structure to safely whiten the teeth. Porcelain or composite restorations will not whiten with peroxide whitening systems.

Tooth Contouring is the reshaping of existing tooth structure by removing small amounts of enamel, usually around the edges. We give particular attention to the edges of the upper and lower front six teeth, which may be reshaped to create a more aesthetic result.

Gum Contouring is the reshaping of the gum tissue, which is often done to give a more symmetrical appearance. This is usually done with a laser or electrosurge. In the hands of an experienced cosmetic dentist, it is a relatively simple, but dramatic procedure. Most patients report that for a day or so afterwards, it feels somewhat similar to a pizza burn when you eat pizza that's too hot.

Root Canal Therapy can be indicated anytime a tooth receives trauma, dental work performed on it, or for no reason at all. In general, the more trauma or amount of work, the higher the risk is that a root canal will be needed. This therapy consists of removing the damaged or infected nerve in the tooth and replacing it with a sterile material. If there are existing restorations in place, this procedure can many times be performed by accessing the tooth through an access hole in the restoration and then repairing it without destroying the restoration, although destruction of the existing restoration is a risk as well. The Practice attempts to predict and notify you in advance of the likelihood of root canal therapy depending on your procedure, however, all people are different and the human body can react in a myriad of unpredictable ways. Thus, it is difficult or impossible to make accurate predictions of this sort in the vast majority of cases. Therefore, regardless of cause, should you require subsequent root canal therapy or restorative work (whether obtained here or at another office), which has not been paid for as part of your Treatment Plan, you agree to be responsible for those costs. Even in a best case scenario under ideal conditions, 5% of all root canal treated teeth will not last for the duration of your life.

Local Anesthetic of various types may be used to block certain nerve impulses and numb the oral tissues before certain dental treatments. These are administered by injections to prepare for a number of both simple and complex dental and periodontal procedures.

Nitrous Oxide is sometimes called "laughing gas" and can result in feelings of relaxation, a reduced sense of fear or anxiety, increased tolerance to pain or discomfort, an altered perception of time, a tingling sensation, especially in fingers and toes, giddiness or light headedness, nausea, vomiting, incontinence, hallucinations or dreams. While the use of nitrous oxide is safe and effective for most people, it is not recommended for use on all patients. If you have any of the following conditions, you may not be a good candidate for the use of nitrous oxide: chronic obstructive pulmonary disease (emphysema), upper respiratory or throat infections, any acute respiratory conditions such as cold, flu, or sinus infection, claustrophobia, compulsive personality, taking any psychiatric mood altering drug, bowel obstructions, middle ear disturbances or pregnancy. Please notify the Practice doctor if you have any of these conditions and we will discuss other options that may be available.

ADDITIONAL TREATMENT INFORMATION

Specific Results Are Not Guaranteed

The dental procedures described above have a very high degree of success at our Practice. The human body, however, reacts differently to different dental treatments depending on a wide variety of factors. Each individual is different and the exact result for each specific case is difficult if not impossible to guarantee. Thus, as with any branch of medicine or dentistry, our treatment carries with it no guarantee of specific results.

There are many variables that affect how long restorations, whitening, or other dental treatments can be expected to last and how the teeth and gums will react, including but are not necessarily limited to, general health, maintenance of good oral hygiene, regular dental checkups, etc. No matter how well done, chipping, breaking or loosening of dental work can occur. No guarantees can be made or assumed regarding the results or longevity of restorations, whitening, or other dental treatments. If you are provided a computer generated imaging of your smile, you understand that this is an artificial mechanism to serve as a basis for a discussion of treatment, and in no way provides a warranty or representation of specific results.

Alternative Treatments & Providers

There is usually more than one way of doing things and there may be alternative treatments to what the Practice recommends for you, which may include, but are not necessarily limited to one or more various combinations of veneers, crowns, bonding, onlays, inlays, whitening, contouring of teeth or gums, bridges, dentures, extractions, root canal therapy, fillings, orthodontics, non-surgical therapy, surgical cuterage or cleaning, tooth extractions, implant treatments, as well as a variety of other dental treatments. All dental treatments have risks, so please make sure you have had an opportunity to ask about these alternatives and have them explained to your satisfaction. In addition, the dental treatments in our office are typically, but not always, performed by a general dentist. Another option is for you to have some of the above treatments done by one or more specialists (e.g., orthodontist, endodontist, oral surgeon, etc.). After hearing general descriptions of alternative treatments, if you would like a referral to any dental specialist, let us know and we will be happy to provide a referral. If you do not ask for a referral and proceed with the treatment, this will be considered by us to mean you have declined our offer for a referral.

Non-Treatment Option

One option is to have no treatment performed. This alternative may entail a number of actual or potential risks, each of which are difficult or impossible to quantify or predict for specific cases. Some of the risks of non-treatment may include, but are not necessarily limited to, exacerbation of any existing symptoms, deterioration of aesthetics or function of your teeth, improper biting, tooth, head and/or neck pain, fracturing of teeth, discoloration or staining of your teeth, rotation or movement of teeth, TMJ complications; additional wear of your teeth to the point they are not candidates for reconstruction, loss of teeth, bite problems, poor chewing, loosening of teeth, need for dentures, gum recession, bad breath, inability to perform adequate oral hygiene, abscesses or infection, pain, tooth sensitivity, tooth movements, worsening periodontal condition, deeper pockets, and other oral health problems.

Risks and Inconveniences

Inherent in your treatment plan (as well as with many similar or other dental procedures) are certain actual and potential risks and inconveniences, which vary based on individual circumstances and variations in teeth and gums. These risks and inconveniences may last for a short or an indefinable length of time.

General dental inconveniences and risks include, but are not necessarily limited to, bruising; discoloration; recession; abscesses; the need to repeat all or part of the procedure for known or unknown reasons; exposure of crown margins or edges; lisping; speech impediments or speaking difficulties; infections, virus; stretching of the mouth resulting in cracked corners; tooth mobility; oral surgery; food impaction; root staining; oral opening restrictions; tissue sloughing; the onset of or continued periodontal disease; root canal therapy; numbness of lip, chin, and gums; dental neuropathy; gagging; numbness; joint pain/disorder; accidental nicks or cuts from dental instruments or needle sticks to the body; chipping, breaking or fillings in other teeth; other tissues; loosening of the temporary or permanent restorations; temporomandibular joint (jaw joint) problems; nausea; bone or tooth fracture; adverse reaction to drugs, medications, and/or anesthetic (including nitrous oxide); dyspepsia; gum hemorrhage; mouth ulceration; nausea; tongue edemas; tooth disorder; varying psychological reactions; dental work that does not match the color of surrounding teeth or dental work; trapping of saliva or food; loss of

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surface shine from restorations; ledges; or local tissue necrosis.

The most common risks include, but are not necessarily limited to, swelling; tooth sensitivity; bleeding; gum irritation; gum, bone or teeth inflammation; stiffness of facial muscles; temporary numbness or tingling in the lip, tongue, teeth, gums, chin, cheek or jaw area; changes in occlusion; need for a night guard; permanent reduction of tooth structure; a need for you to modify the frequency or methodology of your home hygiene care (e.g., brushing and flossing to adequately go around corners, edges, etc.); or wearing temporary teeth for an undefined period of time as well as the general dental inconveniences and risks set forth above.

The more remote general dental risks include, but are not necessarily limited to, loss of teeth; implant rejections; permanent numbness or tingling in the lip, tongue, teeth, gums, chin, cheek or jaw area; severe pain; permanent or temporary injuries to the nerves of the tongue, jaw, chin and lips, including lingual nerve injury (tongue) and inferior alveolar nerve damage (lips, chin and jaw), permanent or temporary numbness or loss of taste sensation; permanent or temporary structural injuries to the tongue, jaw, chin or lips; parasthesia; sutures, accidentally swallowing or aspirating restorations, materials or dental tools, changes in facial appearance, referred pain to the ear, neck, jaw or head, allergic reaction, delayed healing, sinus complications, constipation, diarrhea, vomiting; aspiration of vomit; systemic toxicity, respiratory distress, heart failure, or death. There may be additional unknown or unlisted risks at this time, but that could manifest at a later time. You understand that your condition may be the same, better or worse after treatment. If previously placed dental restorations are in place on teeth, your treatment may entail additional alteration of tooth structure to properly prepare these teeth for new restorations, and/or other unknown or unspecified problems or risks, which the Practice may or may not have encountered, and which are difficult or impossible to predict or quantify in advance.

YOUR OBLIGATIONS

Cooperation

Successful dental treatment is a team effort involving you as the patient, the doctors and our team. Without cooperation, successful treatment planning, achieving optimal results and maintaining the treatment results are difficult or impossible and the results may be disappointing to everyone.

Scheduled Appointments

In order to serve our patients better, we strive to operate a professional, efficient dental practice. We attempt to reserve appropriate blocks of time for each of our patients so that the procedures may be completed with close attention to detail and with as few interruptions as possible. Missed appointments have a negative effect on our ability to maintain the level of service you and other patients deserve. While we are aware that circumstances may arise which interfere with set appointments, we require at least one business day notice for an appointment. Failure to provide this notice may result in a missed appointment fee which is, not intended as a penalty, but as a reasonable estimate of the time and expense incurred by the Practice in attempting to fill such a cancellation or loss of deposit.

Financial Obligations

You have full responsibility for payment of the dental services that you or your dependents receive here. Fees are paid in 70% of the total amount before starting the therapy that you have accepted from the pre-exposed treatment and price plan, and the other 30% before the end of the treatment. In case of failure to pay the amount that we have agreed, we will not start or will discontinue treatment until they pay the debts to the office.

Providing Timely Information & Authorization for Signature on File

To process insurance documents, claims and related matters, you

authorize the Practice to affix your signature and name to claims or documents related to insurance, claims or health benefits due to you. A photocopy of this form will act as an original. The Practice may disclose information provided by me or obtained during the course of my treatment for treatment, payment, or healthcare operations, including disclosure to laboratories, other dental offices, or professionals involved in my care, and to my insurance providers. As part of your treatment, you authorize the Practice to take radiographs (x-rays), study models, provide injections, take photographs, and give and perform any other diagnostic tests and aids deemed appropriate by the Practice to evaluate your condition and to generate my recommendations, for professional or educational purposes and for any other use as contemplated or set forth in the Practice's current Notice of Privacy Policies, which is incorporated herein by reference.

Maintenance Obligations

For successful treatment results and to lessen the risks of complication, you agree to comply with your individualized maintenance program and keep excellent home oral hygiene. It is typical to need follow-up visits for occlusal or other adjustments after treatment. You agree to notify the Practice at the soonest possible moment in the event that you experience pain, discomfort or any other problem that you believe may be related to treatment in our office. Nothing in this form extends the applicable statutes of repose or limitations for dental services. You agree to keep your follow-up appointments and to follow recommended treatments as well as follow other precautions and recommendations that may be provided as part of your pre-op or post-operative instructions.

YOUR CONSENT

The information I have provided on this form is accurate and complete to the best of my knowledge, information, and belief. I will notify the Practice at the soonest practical moment of any changes in the information I have provided. In consideration of being accepted as a patient of the Practice, I agree to abide by the terms and conditions of this Patient Application & Practice Agreement.

By signing below, I acknowledge that I have been given time to read and have completely read (or had read to me) the preceding information in this document and I acknowledge that the Practice has explained to me in general terms the descriptions of certain anticipated dental procedures and treatments, alternatives (including non-treatment), and the risks and inconveniences of treatments. By proceeding with each and every step in my treatment, I acknowledge that: (1) I have been given the opportunity to ask any questions and any questions have been answered or explained to my satisfaction prior to performance of any treatment or procedure, and (2) I authorize the Practice to perform any and all such recommended forms of treatment, medication and therapy that may be necessary or advised. I understand that during the course of the procedures described above, it may be necessary, appropriate, or the Practice's recommendation to perform additional procedures which are unforeseen or not known to be necessary, appropriate, or recommended at the time this consent is given. I consent to and authorize the performance of such additional procedures as they deem necessary, appropriate, or recommended under the circumstances.

Signature: _____ Date: _____

Patient's Authorized Representative

(If patient is under 18 years of age or you are consenting to the care of another)

I have the legal authority to sign this consent on behalf of:

Patient Name: _____

Your Relationship to Patient: _____

Signature: _____ Date: _____

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