

Queens Quay Dental Centre

Dr. Yaroslav Vasyutyak

Consent Information for General Dentistry

Please be notified that this office is a general dentistry office. It offers dental treatment and oral surgery procedures, including the use of any necessary or advisable local anesthesia, nitrous oxide/oxygen (gas) or oral conscious sedation (medication). Diagnostic aids include X-rays, study models, careful clinical observation and other diagnostic aids. Treatment will include a variety of modes including, but not limited to: hand instruments, ultrasonic device (for cleaning the teeth), conventional drills, "Cerec" computer constructed crowns, plasma rich platelet centrifuge, advanced electronic endodontic (root canal) hand pieces and dental lasers (diode laser and Waterlase MD all tissue dental laser).

Treatment

The following treatment may be included but is not limited to: prophylaxis (cleaning the teeth) by hand scaling, ultrasonic devices, and/or laser; oral home care instructions, drug therapy including injections and oral medications (please advise us of any allergies or previous reactions to drugs), treatment of diseased or injured teeth with restorations of all types- fillings, inlays, onlays, crowns (caps), fixed bridges, veneers, sealants and other devices. These can be made of composites, porcelain or precious metals (alloys of gold), no dental silver amalgam is used in this office; replacement of teeth with removable dental prosthesis (plastics and/or non precious metals are used in these (please advise us if you have allergies to any dental materials); extractions (removal of teeth); periodontal (gum) treatment and treatment to other diseased and/or injured oral tissues; postponing or delaying treatment; treatment of malposed (crooked) teeth; oral dental implants; root canals (endodontics); bruxism (habitual, severe grinding of the teeth); referrals to other health professionals; cosmetic procedures; temporomandibular dysfunction, oral surgery to hard and soft tissues, and other procedures as needed (these will be explained to you).

Anesthesia Risks

Please be informed that local anesthesia, topical anesthesia, nitrous oxide/oxygen and/or oral medication may produce side effects which include but are not limited to the following: Allergic reactions (severe ones may lead to shock and death), nausea and vomiting, dizziness, driving impairment, mental acuity impairment. Local anesthesia can also produce swelling, bleeding, hematoma (accumulation of blood under the skin), bruising, pain at the injection site, fainting, parasthesia (numbness of the lips, gums, tongue or face after the effects of the anesthesia have worn off), lip and cheek biting which can result in ulceration and infection of the mucosa, and in rare cases an unfavorable reaction (anaphylactic shock) which can lead to death. The nitrous oxide mask will leave indentations around the nose. These will disappear shortly after the procedure.

Communicate with us!

You should notify this office if you develop a rash or any other signs of an allergic reaction. Please further understand that there are clear risks involved in dental treatment and specific risks will be explained to you. You will be advised of indicated treatment and will be given alternate methods of treatment with the advantages and risks of each. You are encouraged to ask questions about your treatment. Also, please understand that the color of many teeth cannot be matched with artificial teeth or restorations.

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Risks for General Dental Procedures, include (but are not limited to) complications resulting from the use of dental instruments, sedative drugs, medicines, analgesics (pain killers), local anesthetics, and injections. These complications may include pain, infection (severe infections may be life threatening), swelling, bleeding, sensitivity, numbness due to nerve damage (parasthesia), tingling sensations in the lips, tongue, chin, gums, cheeks, and teeth; tissue damage to the cheeks and lips from biting them when they are numb; thrombophlebitis (inflammation to a vein), reactions to injections (fainting, etc.), damage to bone resulting in bone fragments working through the gums, jaw fractures, change in occlusion (how the teeth bite), muscle cramps and spasms, temporomandibular (jaw) joint difficulty, trismus (limited jaw opening), loosening of teeth and/or restorations in (fillings) or on the teeth (crowns or veneers), injury to other tissues and/or adjacent teeth during treatment; referred pain to the ear, neck, or head; vomiting, allergic reactions to dental materials and medications or drugs, itching, bruising, sinus complications, and further need for treatment or surgery. Also note that professional cleaning of the teeth may cause restorations to come loose and may damage unsupported or fragile enamel.

Tooth loss may occur due to certain conditions such as but not limited to: root or crown fractures, perforations (holes created in unwanted places) of the crown or root during root canal treatment or other treatment; broken instruments (inside or outside of the teeth) during root canal treatment or other treatment, root defects, pathological internal resorption (inside the tooth), external resorption, calcifications of root canals and/or curved roots; advanced bone loss due to periodontal (gum) disease, bone fractures due to accidents, or other causes; disease discovered during treatment that is more advanced than could be diagnosed with preoperative X-rays and clinical observation, severe caries (decay), infections that are resistant to all forms of treatment, uncontrollable pain. Not all oral disease can be successfully treated and not all teeth can be saved.

Cost Estimates:

This office does treatment plans to advise you of what dental procedures you need. This includes a cost estimate. Cost is estimated as close as possible, but remember that the treatment may change at any time. An example would be the following: a tooth is being prepared (shaped) for a restoration, and it is discovered that there is more damage to the tooth internally than was originally diagnosed. This may lead to a more complicated and more expensive treatment. You will be advised about the needed changes and their cost. In other words even though good results are expected, during the course of treatment, unforeseen circumstances may necessitate additional or different procedures from those previously presented and discussed.

Less than 24 hour notice on appointment changes and “no show” appointments will result in a fee being charged to your account.

Also note that **no form of dental treatment is permanent**. The mouth is a very hostile environment and dental materials break and wear out. Re-treatment is a normal risk of having many dental procedures completed. Oral home care provided by the patient (brushing, flossing, inter proximal brushing, etc.) is a very important variable determining how long many treatments will last.

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Because the practice of dentistry and oral maxillofacial surgery is not an exact science, this office makes no guarantees about the dentistry provided.

We do warranty our restorative procedures for 90 days against breakage or loss of retention (fillings falling out).

You are encouraged to ask questions about your treatment!

I have read and understand this document and direct this office to provide dental treatment for me or my dependent.

Patient or Guardian _____ Date _____
Witness _____ Date _____

Consent for Email, Text, Social Media Communication.

To comply with the Canadian Anti-Spam Legislation (CASL) that is in effect as of July 1, 2014, our dental office would like to have your express consent to continue communicating with you and providing you with important information, and to confirm or rescheduling your dental appointments. We are committed to never sending spam emails and our privacy policy will always protect your electronic information.

If you decide to opt in and continue receiving emails, please know that you may opt out at any time and withdraw your consent.

Please click on one of the links below and in the subject line tell us your preference by simply typing Opt In or Opt Out.

____ Yes, I consent to receiving valuable information from Queens Quay Dental Centre

My email address: _____

____ No, thank you. I wish to opt out of future emails from Queens Quay Dental Centre

For more information on our privacy policy, feel free to request a copy at your next visit, or visit our website at **www.qq dental.ca**