Dr. Paul Bacino, D.D.S., P.C.

Informed Consent Form

The purpose of this is to communicate to you any foreseeable consequences that may occur during treatment. This disclosure is not meant to frighten or alarm you: it is simply an attempt to make you better informed so that you may make an informed decision whether you want to give or withhold your permission to proceed with treatment.

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__1. I understand that it has been recommended that _____be performed on tooth #_____.

__2. I understand that the purpose of the treatment is an attempt to correct my diseased tooth and/or periapical tissues. I have been advised that if this condition persists without treatment, my present oral condit will probably worsen with time. The risks to my health may include, but may not be limited to: swelling, pain, infection, cyst formation, periodontal (gum) disease, premature loss of the tooth and/or bone. I have been informed of possible alternative methods of treatment, including extraction of (other)_____

__3. I also understand that there is no guarantee that the outcome of the procedure will meet the usual expectation of success.

__ 4. I am aware that there are certain inherent potential risks in any treatment or procedure, and that, in this specific instance, such operative risks include, but are not limited to:

__a. Postoperative discomfort and swelling that may require addition treatment and /or prolonged recuperation.

__b. Stomach upset from pain medication or antibiotics.

__c. Stretching of the corners of the mouth with resultant cracking or bruising.

__d. Stiffness of the jaws with restricted opening for an undefined period of time.

__e. Postoperative infection requiring additional treatment.

__f. Injury to the treated tooth or existing restorations and/or adjacent teeth.

__g. Separation of endodontic instruments in the canals of the tooth, resulting in blockage of the canal and possible loss of the tooth or addition treatment.

__h. Perforation of the tooth resulting in loss of the tooth or additional treatment.

__i. Intraoral and/or extraoral discoloration (bruising) of the skin or tissues at the site of the procedure.

__5. I also consent to the administration of local anesthetics as needed to accomplish the procedure. I understand that the administration of local anesthetics may result in injury to the nerve resulting in numbness of my lip, chin, gums, cheek and/or tongue. This condition may persist for several weeks or months, or in rare instances, may be permanent.