

Aesthetic Dentistry of Atlanta
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IMPORTANT INFORMATION AND INFORMED CONSENT
REGARDING YOUR TREATMENT

Aesthetic Dentistry of Atlanta, Inc. ("ADA"), including its doctors and staff, wants you to understand the following important information related to your treatment plan. Please take your time to review this information, and ask the doctors or staff if you have questions.

1. What is A Treatment Plan?

Based on our examination of your teeth and gums and conversations with you, ADA has recommended a custom-designed treatment plan for you ("Plan") with the goal of improving the function and/or appearance of your teeth and gums. Your Plan may include: bonding, crowns, gum contouring, inlays, onlays, root canal therapy, tooth contouring, veneers or whitening. Below are some basic definitions of dental terms.

2. Definitions

A **Bridge** is a replacement made for missing teeth. It is made primarily out of porcelain, which is bonded to adjacent teeth. These adjacent teeth may require some alteration in order to support the teeth being replaced.

Bonding commonly refers to the placement of composite resins on teeth. Bonding can be used to make a tooth colored filling for small cavities and to repair broken or chipped surfaces. It can also be used to close gaps between teeth.

Crowns are tooth restorations made out of porcelain plus other materials. A crown covers the entire tooth structure.

Gum Contouring is the reshaping of gum tissue, which may be done to give a better appearance.

Inlays or Onlays may be used when individual back teeth 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 porcelain and gold and bonded into place.

Porcelain Veneers are thin shells of porcelain that are bonded to the teeth. They typically require some roughening or reduction of the outer tooth structure. ADA doctors will try to minimize the tooth reduction necessary under the circumstances to achieve the desired aesthetic and functional results. The veneers are then bonded onto the prepared teeth. Veneers typically require two or three visits.

Root Canal Therapy involves removing the infected or irritated nerve tissue in the root of the tooth. When tooth structure is removed from a tooth or the tooth receives trauma, root canal therapy is a possible risk. The canal where the nerve is located is reshaped and prepared to accept a special filling material. The root canal is then sealed with a sterile, plastic material.

Tooth Contouring is the reshaping of existing teeth by removing small amounts of enamel. Teeth may be

reshaped to create a more pleasing result.

Whitening is performed by applying a peroxide gel to the teeth. This can either be done in our office or at home. The peroxide safely whitens teeth. Porcelain or composite materials will not whiten with peroxide.

3. Risks

There are certain actual and potential risks inherent in your Plan, depending upon your circumstances. These risks may result in varying consequences such as abscesses, accidental nicks or cuts from dental instruments or needle sticks to the body, accidentally swallowing or aspirating restorations, materials or dental tools, adverse reaction to drugs, medications, and/or anesthetic (including nitrous oxide), allergic reaction, bleeding, bone fracture, bruising, changes in facial appearance, changes in occlusion, chipping, breaking or loosening of the temporary or permanent restoration, continued periodontal disease, death, delayed healing, dental neuropathy, discoloration, exposure of crown margins or edges, fillings in other teeth, food impaction, gagging, gum recession, gum, bone or teeth inflammation, heart failure, implant rejections, infections, injuries to adjacent facial area and teeth, joint pain/disorder, lisping, loss of teeth, nausea, need for a night guard, nerve problems, numbness, numbness of lip, chin and gums, oral opening restrictions, oral surgery, other tissues, pain, parasthesia, referred pain to the ear, neck, jaw or head, respiratory distress, root canal therapy, root staining, sinus complications, speech impediments or speaking difficulties, stiffness of facial muscles, stretching of the mouth resulting in cracked corners, sutures, swelling, temporary or permanent numbness or tingling in the lip, tongue, teeth, gums, chin, cheek or jaw area, temporomandibular joint (jaw joint) problems, the need to repeat all or part of the procedure for known or unknown reasons, tissue sloughing, tooth mobility, tooth sensitivity or virus. You understand that your condition may be the same, better or worse after treatment. There may be other unknown or unspecified problems or risks that are difficult or impossible to predict.

4. Results Not Guaranteed

We are confident in our Plan for you. However, your response to dental treatment depends on a variety of factors. Each individual case is different and the exact result for each specific case is impossible to guarantee. Thus, as with any branch of medicine or dentistry, your Plan contains no guarantee of specific results. Many variables affect how long restorations or whitening can be expected to last, including your general health, your maintenance and good oral hygiene, regular dental checkups, etc. Natural teeth are not "perfect" and contain certain embrasures, striations, and color variations. ADA's team uses our artistic skills concerning the shades, coloring, shape, and sculpting of the restorations to make what in our experience are very realistic replicas of teeth. Aesthetics is a highly subjective perception. You will be allowed to view and approve your porcelain restorations prior to bonding in. Once restorations are placed and your approval is given, any repeat procedures based on the shade, coloring, shape, sculpting, and /or other aesthetic issues will be at ADA's sole discretion and at our then current rates. We make no warranty covering a specific outcome.

5. Other Options Available To You

One option is to have no treatment performed. This alternative may entail a number of actual or potential risks, which are difficult or impossible to quantify or predict for your case. In addition, we encourage you to ask our doctors about possible alternative treatments if you have questions or concerns.

6. Doing Your Part

You are an important part of your Plan. For successful treatment results and to lessen the dangers of complication, you must agree to do your part by following a maintenance program and keeping excellent oral hygiene. You will need follow-up visits. You must agree to keep those appointments. You also agree to notify ADA at the soonest possible moment in the event that you experience pain or discomfort that you believe may be related to your treatment. You agree to follow all precautions and recommendations that may be provided as part of your pre-op or post-operative instructions. Should you fail to follow these agreed to instructions, you agree to hold ADA harmless.

CONSENT

I acknowledge that ADA has explained to me in general terms the diagnosis of my condition, the basis for the Plan to treat me, descriptions of my proposed treatment, the alternatives (including non-treatment), and the risks inherent in my treatment. I have been given the opportunity to ask questions, and my questions have been answered to my satisfaction. By my signature below, I acknowledge that I have been given ample time to read and have in fact read the information in this documents, and I agree to assume the risks of my treatment. I consent to ADA's performance of treatment on me.

I also consent to the making of records about me by ADA, including x-rays, photographs, prescriptions, and other information including disclosure of personal information before, during and after treatment. ADA may disclose my records to laboratories, other dental offices or professionals involved in my care, and to my insurance providers, or to anyone else if necessary or appropriate under customary procedures and in accordance with applicable law.

Patient Name: _____

Patient 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: _____

Relationship to Patient: _____

Signature: _____ Date: _____