

brush365

DENTISTRY WITH INTEGRITY

General Informed Consent & Limited Warranty for Dental Treatment

1. WORK TO BE DONE: I understand that I am having one or more of the following work done in the office of #OFFICE_NAME#: Fillings, Bridges, Crowns, X-rays, Extractions, Impacted teeth removed, Root Canals, Dentures, Cleanings, Periodontal treatment.

2. DRUGS AND MEDICATION: I understand that antibiotics, analgesics, and other medications can cause allergic reactions causing redness and swelling of tissue, pain, itching, vomiting, and/or anaphylactic shock.

3. CHANGES IN TREATMENT PLAN: I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination. For example: root canal therapy following routine restorative procedures. I give my permission to my dentist to make any/all changes and additions as necessary.

4. REMOVAL OF TEETH: Alternatives to removal have been explained to me (root canal therapy, crowns, periodontal surgery, etc.), and I authorize the dentist to remove the necessary affected tooth/teeth if the treating dentist deems the removal necessary to improve my dental health. I understand removing teeth does not always remove all the infection, if present, and it may be necessary to have further treatment. I understand the risks involved in having teeth removed; some of which are pain, swelling, spread of infection, dry socket, loss of feeling in my teeth, lips, tongue, and surrounding tissue (that can last for an indefinite period of time), or a fractured jaw. I understand I may need further treatment by a specialist if complications arise during or following treatment, the cost for which is my responsibility.

5. CROWNS, BRIDGES, AND CAPS: I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I further understand that I may be wearing temporary crowns, which may come off easily and that I must be careful to ensure that they are kept on until the permanent crowns are delivered. I realize the final opportunity to make changes in my new crown bridge, or cap (including shape, fit, and color) will be before cementation. It is also my responsibility to return for permanent cementation within 21 days from tooth preparation. Excessive delays may allow for tooth movement. This may necessitate a remake of the crown, bridge, or cap. I understand that there will be additional charges for remakes due to my delaying permanent cementation.

6. ENDODONTIC TREATMENT (ROOT CANAL): I realize there is no guarantee that root canal therapy will save my tooth, and that complications can occur from the treatment, and that occasionally root canal filling material may extend through the tooth, which does not necessarily affect the success of the treatment. I understand that endodontic files are very fine instruments and stresses from their manufacture can cause them to separate during use. I understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy). I understand I may need further treatment by an endodontic specialist if complications arise during or following

treatment, the cost for which is my responsibility. I understand that the tooth may be lost in spite of all efforts to save it.

7. PERIODONTAL LOSS (TISSUE AND BONE): I understand that I have a serious condition, causing gum and bone inflammation or loss and that it can lead to the loss of my teeth. Alternative treatment plans have been explained to me, including gum surgery, replacements, and/or extractions. I understand that undertaking any dental procedure may have a future adverse effect on my periodontal condition.

8. FILLINGS: I understand that care must be exercised in chewing on fillings especially during the first 24 hours to avoid breakage. I understand that a more extensive filling than originally diagnosed may be required due to additional decay. I understand that significant sensitivity is a common after effect of a newly placed filling.

9. DENTURES: I understand the wearing of dentures is difficult. Sore spots, altered speech, and difficulty in eating are some common problems. Immediate dentures (placement of denture immediately after extractions) may be painful. Immediate dentures may require considerable adjusting and several relines. A permanent reline will be needed later. This is not included in the denture fee. I understand that it is my responsibility to return for delivery of the dentures. I understand that failure to keep my delivery appointment may result in poorly fitted dentures. If a remake is required due to my delays of 30 days, there will be additional charges.

LIMITED WARRANTY AT BRUSH365

At brush365, we take great pride in providing you with exceptional clinical outcomes. As such we are committed to offering a limited warranty for some restorations completed at our office. The long term success of any restoration is dependent upon multiple factors; including how well you take care of your oral health at home and adhere to the recommended professional exam and cleaning schedule. Individual products or services may also be recommended for you based on your clinical provider's observations. Recurrence of decay is not covered by our limited warranty. This can be prevented by proper home care.

Your limited warranty requires that you maintain the following minimum requirements

- Financial account in good standing
- No more than 2 missed appointments with <24 hour notice per year
- No missed appointments on Saturdays
- Following all clinical recommendations regarding destructive habits such as clenching and grinding, which can fracture teeth
- Maintaining prescribed recare schedule - not allowing more than 15 days past recare due date

The limited warranty will cover the following, if all minimum requirements are met

- Crowns/Bridges/Veneers (Covered for 1 year from original date of service) - Replacement or repair of fractured restoration, replacement or repair of defective material.
- Composite Fillings (Covered for 90 days from original date of service) - Replacement or repair of defective material.

Exclusions to your limited warranty include sealants, any anterior composite restoration, damage to teeth or restorations from trauma, negligence, or improper use such as clenching or grinding, chewing ice, or biting non-food items. As mentioned above, recurrent decay is not covered and can be prevented by partnering with our office for optimal home hygiene recommendations.

Additionally, all promotional materials and services (i.e. free retainers, whitening, etc.) are subject to the maintenance of the minimum requirements stated above and can be withdrawn by the Company at any time.

If you feel you need to take advantage of your limited dental warranty, please contact our office and make an appointment. Please advise the office at the time you make your appointment that you feel you have a warranty issue. Your chart and account ledger will be reviewed prior to your arrival and a determination on whether your warranty claim should be able to be made at the time of your visit. If additional time is required, you will be notified at the time of your visit.

I understand that dentistry is not an exact science and that therefore, reputable practitioners cannot properly guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment, which I have requested and authorized.

I hereby authorize any of the doctors or dental auxiliaries to proceed with and perform the dental restorations and treatments as explained to me. I understand that this is only an estimate and subject to modification depending on unforeseen or un-diagnosable circumstances that may arise during the course of treatment. I understand that regardless of any dental insurance coverage I may have, I am responsible for payment of the dental fees. I agree to pay any attorney's fees, or court costs, that may be incurred to satisfy this obligation.