

## Amy McKeever, D.D.S.

In reading and signing this form it is understood that ENGLISH is the language that I understand and use to communicate.

Initials: \_\_\_\_\_

**DRUGS, MEDICATIONS AND ANESTHESIA:**

I understand that antibiotics, analgesics and other medications may cause adverse reaction, some of which are, but are not limited to, redness and swelling of tissues, pain, itching, vomiting, dizziness, miscarriage and cardiac arrest.

I understand that medications, drugs, and anesthetics may cause drowsiness and lack of coordination, which can be increased by the use of alcohol or other drugs. I am being advised not to consume alcohol, nor operate any vehicle or hazardous device while taking medications and/or drugs, or until fully recovered from their effects (this includes a period of at least twenty-four (24) hours after my release from surgery). I understand that occasionally, upon injection of a local anesthetic, I may have prolonged, persistent anesthesia, numbness, and/or irritation to the area of injection.

I understand that if I select to utilize Nitrous Oxide, "Atarax", Chlorlyhydrate "Zanax", Valium or any other sedative, possible risks include, but are not limited to: loss of consciousness, obstruction of airway, anaphylactic shock, or cardiac arrest. I understand that someone needs to watch me closely for a period of 8 to 10 hours, following my dental appointment, to observe for possible deleterious side effects, such as obstruction of airway.

Initials: \_\_\_\_\_

**HYGIENE AND PERIODONTICS (TISSUE AND BONE LOSS):**

I understand that the long-term success of treatment and status of my oral condition depends on my efforts of proper oral hygiene and maintaining regular recall visits.

**PERIODONTICS:** I understand that if I have a serious condition, causing gum and bone inflammation and/or loss, and that it can lead to loss of my teeth and other complications.

Initials: \_\_\_\_\_

**FILLINGS:**

Fillings are used to replace tooth structure or decay. I understand that with time, fillings will need to be replaced due to wearing material. In cases where very little tooth structure remains, or existing tooth structure fractures off, I may need to receive more extensive treatment (such as root canal therapy, post and build-up, and crowns), which would necessitate a separate charge.

Initials: \_\_\_\_\_

**CROWN AND BRIDGE (AKA-CAPS):**

I understand that if I am diagnosed for a crown/bridge, it is not possible to match the color of natural teeth exactly with the artificial teeth. I understand that at times, during the preparation of a tooth for a crown/bridge, pulp exposure may occur necessitating possible root canal therapy.

I, also, understand that like natural teeth, crowns/bridges need to be kept clean, with proper oral hygiene and periodic cleanings; otherwise decay may develop underneath and/or around the margins of the restoration leading to further dental treatment.

Initials: \_\_\_\_\_