General Dentistry Informed Consent Form

Jill Kollar DMD Professional LLC | d/b/a Precision Dental of Windsor

Precision Dental of Windsor | 1580 Main Street, Suite B, Windsor, CO 80550 | 970-237-4313

Patient Name: _____

Date of Birth: _____

Date: _____

Legal Guardian/Decision-Maker (if applicable): _____

Financial consent

I understand that dental insurance estimates are not guarantees of payment. Benefits are determined by my individual plan and may be affected by eligibility, deductibles, waiting periods, exclusions, frequency limitations, annual maximums, changes made by my employer or insurance company, and other plan provisions. I understand that I am financially responsible for treatment provided, including any balance remaining after insurance has paid, subject to applicable law and any written financial arrangements with the practice.

Clinical photos. We take clinical photos inside the mouth to document what we find and to plan treatment. When photos are taken at a visit, the charge is a flat $20 for that appointment. We send this charge to your insurance like the rest of your visit. Insurance usually does not pay for clinical photos. If your plan does not pay for them, you are responsible for the $20 charge. Some insurance plans require clinical photos as evidence of disease before treatment. Whether the insurance company pays for that treatment can depend on those photos being on file. If a plan requires photos and they are not taken, the insurance company may not pay for the treatment.

Diagnostic images. Before we work on a tooth, we make sure one periapical image (PA) and one bitewing (BW) of that tooth from within the last year are on file, so we can check the health of the pulp and check the tooth from another angle. If current images are not on file, we will update them at your appointment. Image charges are sent to your insurance. If your plan does not pay for an image, you are responsible for that charge.

Examination, radiographs, photographs, and digital records

I understand that examination and diagnosis may require dental radiographs (X-rays), photographs, digital scans, periodontal measurements, vitality testing, or other diagnostic records. Dental X-rays use a small amount of ionizing radiation and are prescribed when the dentist believes the diagnostic benefit is appropriate. These records are used to evaluate my oral health, establish a diagnosis, document findings, and develop or monitor a treatment plan. Diagnostic methods have limitations, and some conditions may not be visible or identifiable until they progress or are encountered during treatment. Clinical photographs and scans obtained for diagnosis, treatment, or the dental record are not authorization for advertising or public use.

General risks of dental treatment

I understand that dental treatment is performed in a small area near the lips, cheeks, tongue, teeth, gums, jaw, airway, and other sensitive structures and may involve sharp instruments, rotary instruments, needles, suction, air and water, chemicals, medications, dental materials, and small components. Even when appropriate care is used, treatment may result in temporary or, rarely, prolonged complications. These may include pain, tenderness, sensitivity, bruising, swelling, bleeding, infection, delayed healing, burns or irritation, cuts or abrasions, damage to soft tissue, teeth, restorations, prostheses, or surrounding structures, and the need for additional treatment, medication, imaging, referral, or specialist care.

Patient movement, gagging, coughing, or inability to remain still

I understand that unexpected or involuntary movement, sudden closing or biting, gagging, coughing, sneezing, startle responses, difficulty remaining still, or other movement during treatment can increase the risk of injury or complication. Such movement may occur even when a patient is trying to cooperate and is not necessarily voluntary. Movement can contribute to cuts, punctures, burns, injury to the lips, tongue, cheeks, gums, teeth, or restorations, accidental contact with instruments or equipment, instrument or needle breakage, or other injury despite reasonable efforts by the dental team to prevent it. I agree to tell the dental team if I need a break or cannot remain still. If continued treatment is not reasonably safe, treatment may be paused, stopped, rescheduled, modified, or referred. This general consent does not authorize protective stabilization or restraint; when separate consent is required for such measures, it will be obtained.

Local anesthetic

I understand that local anesthetic may cause temporary numbness of the lips, tongue, cheeks, teeth, gums, or other areas, soreness, bruising, bleeding, swelling, or temporary difficulty speaking, eating, or drinking. Less common complications include hematoma, infection, trismus or difficulty opening the mouth, fainting, dizziness, nausea, palpitations or other reactions to anesthetic or vasoconstrictor, inadvertent intravascular injection, temporary facial weakness, eye or visual symptoms, allergic or toxic reactions, and injury to nearby tissues. Nerve irritation or injury may cause altered sensation such as numbness, tingling, burning, pain, taste disturbance, weakness, paresthesia, or dysesthesia; these changes are usually temporary but can be prolonged and, rarely, permanent. A dental needle may bend, fracture, or separate during an injection, particularly with unexpected movement; retrieval, imaging, observation, or referral for surgical removal may be necessary. I understand that I should avoid biting or otherwise injuring numb tissues until normal sensation returns.

Medications, nitrous oxide, and sedation

I understand that medications, including antibiotics, analgesics, anti-inflammatory drugs, anti-anxiety medications, and other prescribed or administered drugs, may cause side effects, drug interactions, or allergic reactions. Possible effects include rash, swelling, itching, nausea, vomiting, diarrhea, dizziness, drowsiness, changes in blood pressure or heart rate, impaired

coordination or judgment, and, rarely, severe allergic, respiratory, or cardiovascular reactions. I am responsible for providing an accurate and current list of medications, supplements, allergies, medical conditions, pregnancy status when relevant to care, and substance use that may affect treatment. I agree not to drive, operate hazardous equipment, or make important decisions if medication or sedation impairs me. Nitrous oxide, oral anxiolysis, moderate sedation, deep sedation, or general anesthesia may require additional instructions and/or separate informed consent; this general form does not replace any consent specifically required for sedation or anesthesia.

Small objects, instruments, materials, and airway events

I understand that dental treatment uses small objects and components, including burs, files, wedges, matrix bands, crowns, temporary restorations, screws, implant or prosthetic components, impression or restorative materials, and other instruments. Despite precautions, an item may loosen, fracture, separate, become embedded or displaced, or be swallowed or inhaled. If an object is swallowed or inhaled, I may need radiographs or other imaging, medical evaluation, emergency care, endoscopic or surgical retrieval, specialist referral, observation, or follow-up. If an instrument or fragment separates within a tooth or surrounding tissue, removal may not always be possible or may carry greater risk than monitoring or leaving it in place; the recommended approach will depend on the location, symptoms, and clinical circumstances.

Changes in treatment plan and unexpected conditions

I understand that decay, cracks, fractures, infection, anatomy, prior treatment, or other conditions may be more extensive than they appeared during the examination or on diagnostic records. If a significant change in treatment is needed, the dentist will explain the new findings, reasonable options, risks, benefits, prognosis, and costs when clinically practical, and additional consent will be obtained before proceeding. If an unexpected complication requires immediate reasonable measures to protect my health or safety and delaying action to obtain additional consent is not reasonably possible, the dental team may provide necessary emergency measures within the scope of care.

Fillings and direct restorations

I understand that sensitivity, soreness, bite changes, or discomfort may occur following a filling and that adjustment may be required. Deep decay or removal of an existing restoration may reveal cracks, pulp exposure, decay, or structural damage that was not previously visible. A tooth may later require additional restoration, a crown, root canal treatment, or extraction. Restorative materials may chip, fracture, wear, stain, leak, debond, or require replacement. Tooth-colored restorations do not whiten when natural teeth are bleached. I understand that amalgam (silver) fillings are not provided at this practice; I may seek amalgam treatment elsewhere and request transfer of my records.

Extractions and oral surgical procedures

I understand that extraction and oral surgery may involve pain, swelling, bruising, bleeding, infection, dry socket, delayed healing, scarring, limited opening, injury to adjacent teeth, fillings, crowns, implants, dentures, bone, gums, or other tissues, and temporary or prolonged changes in sensation or taste involving the lips, chin, tongue, teeth, or surrounding tissues. Roots or tooth fragments may fracture or be intentionally left when removal would create greater risk. Upper tooth removal may result in communication with the sinus, displacement of a root or tooth fragment into the sinus or surrounding tissues, sinus symptoms, or need for additional treatment. Rarely, jaw fracture or other significant complications may occur. Additional treatment, imaging, medication, surgery, or specialist referral may be required.

Crowns, bridges, veneers, and bonding

I understand that artificial restorations may not exactly match the color, translucency, texture, contours, or appearance of natural teeth. Temporary restorations may loosen, fracture, or come off and should remain in place until definitive treatment is completed. I will contact the office if a temporary restoration becomes loose or comes off. The final opportunity to request changes to the shape, fit, size, placement, or color of a permanent restoration is generally before final cementation or bonding. Restorations can wear, fracture, loosen, debond, stain, chip, develop recurrent decay, contribute to gum irritation, or require repair or replacement. Their longevity is affected by oral hygiene, gum health, diet, bite forces, clenching or grinding, trauma, and other factors. A tooth may require root canal treatment or extraction after restorative treatment even when the need was not apparent beforehand. Permanent crowns, veneers, bridges, bonding, and fillings do not whiten when natural teeth are bleached.

Dentures - complete or partial

I understand that complete and partial dentures are artificial appliances that require an adjustment period and may cause looseness, soreness, gagging, changes in speech, difficulty chewing, altered taste, irritation, pressure areas, food trapping, or breakage. Bone and gum tissues continue to change over time, so dentures may require adjustments, repairs, relines, rebasing, adhesives, or replacement. Appearance, fit, retention, function, and comfort cannot be guaranteed to match natural teeth. Additional treatment, including extractions, tissue treatment, implants, or specialist referral, may be recommended.

Root canal treatment (endodontic treatment)

I understand that root canal treatment is intended to treat an infected, inflamed, or damaged dental pulp and preserve the tooth when possible, but success cannot be guaranteed. Risks and complications include post-treatment pain or swelling, persistent or recurrent infection, missed or unusually shaped canals, calcified canals, perforation, ledging, root or tooth fracture, separation of a file or other instrument within the tooth, and extrusion of irrigating solution, filling material, or debris beyond the root. A separated instrument or other complication may require monitoring, additional treatment, surgery, specialist referral, or extraction. Teeth that have received root canal treatment may become more brittle and

commonly require definitive restoration to reduce fracture risk. Additional surgical treatment, such as apicoectomy, may occasionally be necessary.

Periodontal treatment

I understand that periodontal (gum) disease can cause inflammation, bleeding, recession, bone loss, tooth mobility, spacing, sensitivity, and eventual tooth loss if untreated. Periodontal therapy may cause temporary soreness, bleeding, sensitivity, gum recession, increased visible tooth length or spaces between teeth, and temporary increases in mobility as inflammation changes. Treatment may control disease but cannot reliably restore bone or tissue already lost. Successful management depends on home care, risk-factor control, recommended cleanings or periodontal maintenance, and ongoing monitoring. Surgery or specialist care may be recommended when disease does not respond adequately.

Whitening

I understand that whitening results vary and cannot be guaranteed. Sensitivity and gum or soft-tissue irritation may occur. Results may be affected by the natural color and condition of my teeth, age, diet, tobacco use, oral hygiene, medications, and other factors. Existing fillings, crowns, veneers, bonding, bridges, and other restorations do not whiten in the same way as natural teeth and may require replacement if I want them to match a new tooth shade.

Bite, jaw joints, and post-treatment symptoms

I understand that my bite may feel different after dental treatment and that restorations may require adjustment. Temporary sensitivity, soreness, muscle fatigue, or discomfort may occur. Holding the mouth open for treatment can temporarily aggravate the jaw joints or chewing muscles and may cause stiffness, clicking, pain, or limited opening. I will contact the office if my bite feels uneven or if symptoms are persistent, worsening, severe, or unexpected.

Referral, follow-up, and additional treatment

I understand that treatment may require follow-up visits, adjustments, replacement or repair of restorations, medication, additional procedures, or referral to a specialist or medical provider. I understand that referral may be recommended because of anatomy, complexity, medical status, complications, patient preference, treatment response, or the judgment of the dentist. I am responsible for arranging and attending recommended follow-up or referral care and for applicable charges from this office or outside providers.

Risks of delaying or declining recommended treatment

I understand that I may accept or decline recommended treatment and may ask about reasonable alternatives. Delaying or declining care may allow disease or structural problems to progress and may result in increased pain, infection, swelling, tooth fracture, bone or gum loss, tooth loss, more complex or costly treatment, reduced treatment options, or, rarely, spread of infection or other medical complications. The risks of no treatment depend on my individual diagnosis and will be discussed when material to the recommended care.

Patient responsibilities

I understand that I play an important role in maintaining my oral health and the success and safety of treatment. I agree to:

- Provide complete and accurate medical and dental history information and identify the person authorized to make healthcare decisions when applicable.
- Inform the office of changes to my medications, supplements, allergies, medical conditions, pregnancy status when relevant, or other information that could affect dental care.
- Tell the dental team promptly if I am uncomfortable, feel ill, need a break, have difficulty remaining still, or experience unexpected symptoms.
- Follow recommended home-care, medication, dietary, activity, and post-treatment instructions.
- Attend recommended examinations, cleanings, periodontal maintenance, treatment, follow-up, and referral appointments.
- Contact the office promptly if I experience persistent numbness, increasing swelling, uncontrolled bleeding, severe or worsening pain, fever, difficulty breathing or swallowing, a lost temporary restoration, an uneven bite, or other concerning or unexpected symptoms.

Consent and acknowledgment

I understand that dentistry is not an exact science and that no dentist can guarantee a specific result, longevity, comfort level, appearance, or absence of complications. I understand that this is a general consent form and does not replace individualized informed-consent discussions or any separate procedure-specific consent that may be appropriate or required for higher-risk or complex treatment. I have had the opportunity to ask questions and understand that, for recommended treatment, I may ask about the diagnosis, expected benefits, material risks and complications, reasonable alternatives, prognosis, and the risks of delaying or declining treatment. I may decline proposed treatment or withdraw consent before treatment begins, and I may ask that treatment be paused or stopped during a procedure when doing so is reasonably safe. I understand that stopping a procedure after it has begun may itself create risks or require temporary measures to make the condition safe. By signing below, I acknowledge that I have read or had this form explained to me, that my questions have been answered to my satisfaction, that I have provided an accurate medical history to the best of my knowledge, and that I consent to dental examination and treatment as recommended and discussed with me.

Patient/Legal Guardian Signature: _____

Printed Name of Person Signing: _____

Relationship to Patient (if applicable): _____

Date: _____