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**Patient Name:** \_\_\_\_\_ **Patient Date of Birth:** \_\_\_\_\_

**PRIOR TO CONSENT FORM**

You, the patient, have the right to accept or reject dental treatment recommended by your dental office. Prior to consenting to treatment, you should carefully consider the anticipated benefits, commonly known risks of the recommended procedure, alternative treatments, or the option of no treatment. You have the right to ask questions, seek second opinions, or see a specialist.

**COMPOSITE RESTORATION**

See risks and complications sheet attached.

Possible optional treatments:

- Extraction  Crown

Untreated, the decay will continue to grow eventually causing abscesses and deterioration of the tooth.

**SCALING AND ROOT PLANING**

See risks and complications sheet attached.

Possible optional treatments:

- See a Periodontist

Untreated, periodontal pockets will continue to grow causing extensive bone loss.

**TOOTH EXTRACTION**

See risks and complications sheet attached.

Possible optional treatments:

- No other options

Untreated, the decay will continue to grow eventually causing abscesses and deterioration of the tooth.

**ENDODONTICS**

See risks and complications sheet attached.

Possible optional treatments:

- Extraction

Untreated, abscess remains, infection grows, eventually tooth needs extracted.

**PROSTHODONTICS (Crowns, Bridges, Dentures)**

**PROSTHETICS MUST BE PICKED-UP WITHIN 30 DAYS OF BEING CONTACTED BY ROBERT B. HURLEY, DDS FOR PROPER FIT. AFTER 30 DAYS, THERE IS NO GUARANTEE OF PROPER FIT.**

See risks and complications sheet attached.

Possible optional treatments:

- Composite Filling  Implant  Extraction

Untreated, the decay will continue to grow eventually causing abscesses and deterioration of the tooth.

**COSMETIC DENTISTRY**

See risks and complications sheet attached.

Possible optional treatments:

- No other options

**IMPLANTS**

See risks and complications sheet attached.

Possible optional treatments:

- Bridge  Crown  Partial  Denture

It is very important you provide us with accurate information before, during, and after treatment. It is equally important that you diligently follow your dentist's advice, recommendations regarding medication, pre and post treatment instructions, referrals to other dentists or specialists, and return for scheduled appointments. If you fail to follow these guidelines, you may increase the chances of a poor outcome.

**No guarantees** will be made concerning your recovery or results of the treatments rendered to you.

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**Authorization Signature**

I acknowledge that I was given a copy of this *Prior To Consent Form* for my records. I understand I may ask questions, seek second opinions, and/or seek a specialist before any treatment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Self, Parent, or Guardian

**Relationship to signer:** \_\_\_\_\_  
 (self, legal mother, legal father, legal guardian, other {please specify})

**Risks and Complications (not an exhaustive list):**

- Bone loss around an implant(s) and/or adjacent teeth, which may result in loss of implant(s) and/or adjacent teeth which may necessitate bone grafting.
- Breakage or dislodgement in buildup failure of restorative material.
- Breakage
  - Teeth are subject to the possibility of chipping or breakage. There are many factors that may contribute to this possibility including mastication of excessively hard materials, changes in the occlusal forces exerted, traumatic blows to the mouth, etc. Many times, unobservable cracks may develop in crowns from the aforementioned causes, but may actually break when chewing soft foods, or possibly for no evident reason. Seldom does breakage or chipping occur due to defective construction or materials. If this may be the reason, the breakage should occur soon after placement.
- Bruising and/or swelling, delayed healing, restricted mouth opening for several days or weeks.
- Changes in how long teeth appear (due to re-contouring).
- Changes in the shade of the composite restoration over time as a result of the oral environment.
- Changes in speech (usually temporary).
- Changes to bite/position of the temporomandibular joint which may require further treatment or adjustment.
- Cracking or fracturing of the root or crown of the tooth.
- Crown or bridge abutment teeth may require root canal treatment.
- Damage to adjacent teeth or tooth restoration.
- Dark spaces between teeth where there is no longer any gum tissue.
- Delayed healing, including but not limited to, dry socket, necessitating post-operative care.
- Discoloration and appearance changes of the gum tissue or unsatisfactory cosmetic result.
- Drug reactions and side effects
  - As a result of the injection or use of anesthesia, at times there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues, which is typically temporary, but in rare instances, may be permanent.
- Esthetics or appearance
  - Patients will be given the opportunity to observe the appearance of crowns, bridges, dentures, and/or partials in their mouth prior to final cementation. This satisfaction will be acknowledged verbally by the patient and noted in that patient's chart and is binding.
- Future bone or tooth loss.
- Gum tissues may shrink or recede
  - This change may make some previous dental restorations (i.e., crowns, fillings) more noticeable and the restorations may need to be replaced for cosmetic purposes.
- Inability to exactly match tooth coloration.
- Inability to negotiate canals due to prior treatment or calcification.
- Inability to place the implant due to the local anatomy or implant failure.
- Increased mobility of teeth.
- Increased spacing between teeth due to removal of hard deposits.
- Infection.
- Instrument breakage in the root canal.
- Irreparable damage to the existing crown or restoration.
- Jaw fracture.
- Loss of bone or tissue graft.

- Longevity of dental work
  - There are many variables that determine "how long" dental work can be expected to last. General health, maintenance of good oral hygiene, regular dental checkups, diet, etc., can affect longevity. Because of this, no guarantees can be made or assumed.
- Necessity for a more extensive restoration, such as a crown, than originally diagnosed, due to additional decay or unsupported tooth structure found during preparation.
- Necessity for root canal therapy due to injury of pulp tissue.
- Nerve injury resulting in temporary or permanent numbness, itching, burning or tingling of the lip, chin, tongue or teeth.
- Pain from treatment.
- Post-treatment bleeding, oozing, and infection.
- Possible involvement of the nerves of the lower jaw resulting in temporary or permanent tingling of the lower lip, chin, tongue, or surrounding structures.
- Possible involvement of the sinus during the removal of the upper posterior teeth, which may require additional treatment or surgical repair at a later date.
- Reduction of tooth structure
  - In order to replace decayed or otherwise traumatized teeth it is necessary to modify the existing tooth or teeth so that crowns and/or bridges may be placed upon them. Tooth preparation will be done as conservatively as possible.
- Revealing of recessed gums.
- Root tips may break during the oral surgery process. These root tips may be left in the bone to avoid more aggressive surgery. However, this more aggressive surgery may be needed and you may be referred out for this procedure.
- Sensitivity of teeth
  - Often, after the preparation of teeth for the reception of crowns or bridges or a whitening treatment, the teeth may exhibit sensitivity. It may be mild to severe. This sensitivity may last only for a short period of time or may last for much longer periods.
- Swelling.
- Tooth may require root canal treatment
  - There is the possibility that the teeth after being treated may develop a condition known as pulpitis or pulpal degeneration. Usually, this cannot be predetermined. The tooth or teeth may have been traumatized from an accident, deep decay, extensive preparation, or other causes. In this case, it is often necessary to do root canal treatments in these teeth. Should teeth remain appreciably sensitive for a long period of time following crowning, it may be necessary to attempt root canal treatment to them. Infrequently, the tooth (teeth) may abscess or otherwise not heal completely. In this event, periapical surgery or even extraction may be necessitated.
- Uncomfortable or strange feelings
  - This is typically temporary. In limited situations, muscle soreness or tenderness of the jaw may persist following placement of a prosthesis. This may occur because of the differences between natural teeth and the artificial replacements. Normally, a patient will become accustomed to this feeling in time.
- Unsatisfactory aesthetics or appearance.
- Unsatisfactory longevity of crowns and/or bridge.