



Belle Forest Dental

John R. Munro, DDS

Informed Consent

131 Belle Forest Circle, Suite 110, Nashville, TN 37221 | 615.662.0255

Your Treatment Plan

Following a comprehensive dental examination and review of diagnostic information, a customized treatment plan has been developed for you. Included in this plan is information about your current oral health, any treatment recommended to improve the function and health of your teeth and gums, and elective procedures available to enhance the cosmetics of your smile. We will take the time to thoroughly explain the conditions or diseases which may be present, as well as the procedures to address your dental needs and achieve the goals you have set for your smile. It should be noted that treatment is recommended based on the information we have gathered, and to the best of the dentist's abilities. It is possible, however, for circumstances to arise during the course of treatment which would change the nature of the proposed treatment plan.

Custom Preparation

Every person presents with a unique set of circumstances which will determine the amount of tooth preparation required to achieve the desired results. Some of these circumstances are not even revealed until during the procedure (i.e. decay hidden under old crowns or fillings, etc.). The exact amount of enamel reduction will depend on various factors including, but not limited to, tooth size and position, previous dental restorations. The dentist will exercise his professional judgment and perform a conservative preparation of your teeth and make decisions regarding the means, manner, and method of any procedures as they deem appropriate to achieve the goals of your treatment plan.

Specific Results Not Guaranteed

We have enjoyed a very high degree of success with the procedures provided and we are proud to know literally hundreds of clients who are pleased with the treatment provided at our office. Because human tissues react differently to dental treatment depending on a variety of factors, each individual restorative case is different and final results are practically impossible to predict.

It is important to understand that even natural teeth are not "perfect" and that certain contours, color variations, and nuances are purposefully and artistically included in the porcelain restorations in order to create a very realistic replica of natural teeth. As with any artistic endeavor, aesthetics are highly subjective. We appreciate the high degree of trust and confidence you have placed in us by selecting our office to provide your dental treatment. Once the final restorations are approved and permanently placed, any aesthetic issues will be addressed at our discretion and at our current fees.

Non-treatment Option

You always have the option to elect no treatment. This alternative may entail a number of potential risks, some of which are difficult or impossible to quantify or predict. Some risks of non-treatment may include, but are not limited to: deterioration of the aesthetics and/or function of your teeth, improperly biting or chewing, fracturing of teeth, head or neck-pain, additional wear of your teeth, abscesses or infection, pain, tooth sensitivity, tooth loss, or worsening periodontal condition.

Treatment Risks

As with any dental treatment, certain potential risks and inconveniences can result from the proposed treatment. These risks can vary based on individual circumstances and variations in teeth and gums. Some of these situations can exist for a short time, while others could potentially extend for an unpredictable length of time. They include, but are not limited to, swelling, pain, tooth sensitivity, bleeding, bruising, discoloration, abscesses, numbness, mouth ulcers, changes in occlusion, endodontic therapy (root canal), chipping or loosening of temporary restorations, allergic reactions, jaw pain, and fractured enamel.



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Risk Factors Which Could Affect the Stability and Longevity of Your Restorations

Because of the complex nature of the oral cavity and due to the nature of the man-made dental materials and procedures, we wish to inform you of certain factors which could affect the lifespan of our dental restorations (please refer to attached list).

In the event that your dental restorations do fail as a result of one of these risk factors, we will be happy to replace them at our full current fee.

Maintenance Obligations

For successful results and to lessen the chances of complication, you hereby agree to comply with follow-up visits and excellent oral hygiene. In addition to postoperative visits to check bite details and verify tissue healing, we will also make recommendations for your routine home care and regular dental visits.

I acknowledge that the diagnosis and treatment options have been explained to me. I have also been given the opportunity to read the preceding information and ask any questions, and those questions have been answered or explained to my satisfaction. By signing below, I agree to assume the risks and inconveniences of my treatment.

Signature _____ Date _____

Print name _____