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Date:

Below please find an explanation of common dental procedures. Benefits of dental treatment can include: relief of pain, the ability to chew properly, increased self-esteem, and positive effects on overall health. Nonetheless, there are some risks associated with almost any dental procedure. Please review the procedures and rest assured that we will obtain your informed consent prior to each dental treatment.

- 1. X-rays:** X-rays are an important diagnostic tool to help the dentist detect potential problems not visible to the naked eye. We use modern digital x-rays with decreased radiation dose and utilize protective lead aprons for patient safety.
- 2. Drugs and Medications:** Antibiotics and analgesics and other medications can cause allergic reactions causing redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction.)
- 3. Local Anesthesia:** Local anesthesia has a potential to cause dizziness, nausea, vomiting, increased heart rate, decreased heart rate, or various allergic reactions, potentially requiring hospitalization. Injury to a nerve can result in pain, numbness or tingling in an anesthetized area which can last for weeks, months, or rarely be permanent. Needle breakage, although very rare, may occur and cause pain, injury and need for surgical interventions.
- 4. Fillings:** Sometimes, a more extensive restoration than originally planned may be needed due to the discovery of caries being deeper/larger during tooth preparation. Temporary pain or sensitivity after a tooth restoration sometimes occurs. If the tooth does not respond to treatment with a filling, additional treatment such as root canal therapy or crown may be needed. Fillings may require periodic replacement with additional fillings or crowns. This can be minimized with good oral hygiene and a healthy diet.
- 5. Removal of Teeth:** Alternatives will be explained to you (root canal therapy, crowns, periodontal surgery, etc.) Extraction of teeth does not always remove all the infection, if present, it may be necessary to have further treatment. Some of the risks are pain, retained roots, swelling, spread of infection, dry socket, loss of feeling in teeth, lips, tongue and surrounding tissues (paresthesia) that can last for an indefinite period of time (days, months, permanent) or fractured jaw. Further treatment by a specialist or even hospitalization may be needed if complications arise during or following treatment which would be your financial responsibility.
- 6. Dentures (complete and partials):** Possible risks and failures include gum tissue pressure and soreness, jaw ridges not providing adequate support and/or retention, excessive saliva or excessive dryness of the mouth, and general psychological, behavioral, and physical problems interfering with success. Breakage is possible by dropping the denture or chewing on foods that are excessively hard. We are not responsible for failures of this type. Our obligation is to create a functioning, well-fitting dentures. Patients must wear the dentures consistently in order for the dentist to make appropriate and accurate adjustments. Any denture fit issues must be brought to our attention within 30 days of denture delivery. Adjustments after the 30 days may incur an additional charge. Most dentures require relining approximately three to twelve months after initial placement due to changes in gum tissues. The cost for this procedure is not included in the initial fee.
- 7. Immediate/Interim Dentures:** After teeth removal and delivery of the premade immediate denture, there is fast bone loss and gum shrinkage resulting in an empty space between the dentures and gums. This leads to rapidly increasing looseness of the denture and sore spots on the gums. The condition can be alleviated by a soft or hard denture reline (at an additional charge), if the patient is experiencing discomfort and wishes to improve the fit.
- 8. Periodontal Loss (Tissue and Bone):** this is a serious condition, causing gum and bone infection or loss and can lead to the loss of teeth. Alternative treatment will be explained to you (gum surgery, replacements, and/or extractions). Any dental procedure may have a future adverse effect on your periodontal condition.
- 9. Clinical Services:** All clinical services are provided by a dentist owned entity On The Go Dental Group.
- 10. Complaints:** Please contact us directly by telephone or email with any complaints or issues.
- 11. COVID-19:** We follow CDC, state dental board, and OSHA guidelines pertaining to COVID-19. There exists a potential risk of exposure with any human interaction given community spread. With our protocols and procedures in place we err on the side of caution. It is our goal to establish a positive relationship with our patients and help them achieve improvement in their oral health by providing gentle, personalized care. We will work very hard to achieve this goal with your help.

AUTHORIZATION AND RELEASE

This consent may be withdrawn at any time. The patient, legal guardian, or healthcare surrogate, if any, authorizes the attending doctor and dental team from On The Go Dental Group to review existing medical records, examine, and provide dental care, if necessary, to the named patient. The patient, legal guardian, or health surrogate, if any, has read and fully understands the General Dental Consent and HIPAA notice of Privacy Practices. No guarantee or assurance has been made to the patient, legal guardian, or healthcare surrogate, if any, regarding the results, which may be obtained. The patient, legal guardian, or healthcare surrogate, if any, authorizes the attending doctor to provide continued care on the following schedule until dental consent is withdrawn. The patient, legal guardian, or healthcare surrogate, will be notified of any required restorative or surgical treatment, based on examination results. On The Go Dental Group will not perform any restorative or surgical treatment without approval from the patient or healthcare surrogate/POA.

FINANCIAL DISCLOSURES

- We accept, checks, credit cards, and cash payments.
- We are a private-pay out-of-network provider.
- Credit Card payments will incur a 3.5% processing fee.
- Backup financial information in the form of a credit card is required for treatment greater than \$500.
- A 5% late fee will be added to any outstanding balance not paid within 30 days of services being rendered.

By signing below, you are acknowledging that:

- You are either the patient or have full financial and medical legal decision-making capability for the named patient.
- You have read and agreed to the General Dental Consent.
- If applicable, you give the care community explicit consent to share patient health information (medical history, medication list, responsible party information) with us as the patient’s healthcare provider. You also allow On The Go Dental Group to send patient information, notes, and post-op information to the care community to facilitate continuity of patient’s overall care and well-being.
- You consent to receiving HIPAA-compliant electronic communications, such as emails, and text messages regarding treatment, payment, and health care operations.
- You received the Financial Policies form and agree to abide by such policies.

"Notice of Privacy Practices (must be signed by ALL new patients).

By signing below, I acknowledge that I have read the Notice of Privacy Practices, as mandated by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA")."

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 **understand** that each Dentist is an individual practitioner and is individually responsible for the dental care rendered to me. I also **understand** that no other Dentist other than the treating Dentist is responsible for my dental treatment.

Authorized signature of cover person (For minor, Parent or Guardian)

Signature

Print Name

Date