

I understand that Occlusal Adjustments involve procedures to adjust the bite to enable the teeth to come together in the best configuration for that individual patient. I understand that occlusal adjustments include risks and unsuccessful results that may possibly occur even though the utmost care and diligence is exercised in this dental procedure. I also understand that I have been given no promises or guarantees as to success or anticipated results. Possible risks and possible unsuccessful results which may occur are as follows:

1. Grinding or Smoothing of Teeth: Many times teeth do not occlude or articulate as they should because of the alignment of the biting surfaces and/or cusps of the teeth. In order to adjust the biting surfaces or cusps of the teeth it may become necessary to grind or disk these surfaces to make the occlusion (bite) more uniform.

2. Sensitivity of Teeth: As a result of the grinding or disking of the tooth biting surfaces or cusps, the teeth that are ground or disked may become somewhat sensitive. This sensitivity should gradually disappear in a relatively short period of time. However, in some cases where teeth are extremely sensitive or it is necessary to thin the enamel layer substantially, this sensitivity may persist for longer periods of time. If the sensitivity does not disappear, it is necessary to notify this office for an examination to determine whether or not further treatment is necessary.

3. Necessity for Crowns: At times, if the occlusion (bite) is determined to be excessively out of balance, occlusal adjustment alone may not be accomplished merely by grinding or disking of the teeth because too much of the enamel surface would have to be removed which could lead to undesirable complications. In cases such as this, it may be necessary to crown the tooth or teeth to achieve a desirable articulation of the teeth for a more level bite.

4. Necessity for an Occlusal Guard: An occlusal guard, often referred to as a “night guard” is to be worn to protect the teeth from incessant grinding at night. The grinding may be due to sleep apnea, bruxism or other various health conditions. Grinding of the teeth can cause dullness, lessened tooth structure as well as sensitivity. If an occlusal guard (night guard) is recommended or made but not worn by the patient, there will be an increased risk of breakage in a patient's restorative work such as crowns, fillings, etc.

I understand that it is my responsibility to notify this office should any undue or unexpected problems occur or if any problems relating to the treatment rendered are experienced. I understand it is my responsibility to set and attend all appointments.

Informed Consent: I have been given the opportunity to ask any questions regarding the nature and purpose of **Occlusal Adjustments** and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No promises or guarantees have been made to me concerning the progression or results of the treatment. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize this practice and/or their associates to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and/or medications. I understand it is my responsibility to notify the dentist and/or his associates of ALL the medications I am currently taking.

Sign Form

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patients') health. It is my responsibility to inform the dental office of any changes in medical status.

I consent to use Electronic Records and Signatures.: []

Relation to Patient:

I certify that I have explained to the patient and/or the patient's legal representative the nature, purpose, benefits, known risks, complications, and alternatives to the proposed procedure. The patient and/or patient's legal representative has voiced an understanding of the information given. I have answered all questions to the best of my knowledge, and I believe that the patient and/or legal representative fully understands what I have explained.

I consent to use Electronic Records and Signatures.: []