

I understand the purpose and necessity for placing **Posts** in teeth occurs when there is so little natural tooth structure remaining that with usual dental treatment procedures it would not be possible to preserve the tooth in either a vital or non-vital state. It then becomes necessary to place a post into the remaining tooth structure to form a substructure onto which a crown may be placed to restore and preserve the tooth. This type of treatment may help avoid extracting the remaining tooth structure together with its roots and possibly avert artificial replacement.

I understand that the placement of **Posts** which are often necessary to be placed when there is inadequate tooth structure remaining to support restoration of a particular tooth or teeth may include possible inherent risks such as but not limited to the following, including no promises or guarantees as to the desired results which may or may not be achieved:

- 1. Crown or Root Fracture:** At times, particularly when a tooth has been endodontically treated (having had root canal treatment), the remaining tooth or root structure may have become brittle due to undermined or reduced tooth structure. Although rare, when inserting posts necessary for retention of a crown, fracturing or splitting may occur, which in most cases will necessitate extraction of the tooth, making replacement with a bridge or implant necessary.
- 2. Perforation:** When posts are inserted, there is the possibility of perforating a root of the tooth. The potential for perforation is increased if an existing crown or bridge abutment is present. Should perforation occur, it is possible in some cases to repair the perforation which may require being referred to a specialist. However, if this is not possible it may be necessary to extract the tooth and replace it with a bridge or implant.
- 3. Injury to the Nerves:** There is the slight possibility of injury to the nerves of the face and tissues of the oral cavity during administration of local anesthetic or during post/pin insertion which may cause numbness of lips, tongue, floor of the mouth, and or cheeks, etc. The resulting numbness which may occur is usually temporary, but in rare instances could be permanent.
- 4. Looseness or breakage:** There may be the possibility of the posts becoming loose or even breaking which could cause the restoration to dislodge. This occurrence could be the result of chewing excessively hard materials, changes in biting forces, traumatic blows to the mouth, etc. The dislodging of the restoration may have appeared to occur when chewing something soft, or for no apparent reason, whereas the loosening or breaking of the post actually took place earlier for the above reasons.

Tenderness, Soreness or Sensitivity: These are all possibilities when teeth are required to be treated with posts. Should any of these symptoms persist, it is necessary to contact this office for an examination.

I acknowledge that it is my responsibility to seek attention should any undue problems occur after treatment. I shall diligently follow any preoperative and postoperative instructions given to me.

Informed Consent: I have been given the opportunity to ask any questions regarding the nature and purpose of **Posts** in teeth 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 those treatment in hopes of obtaining the desired and/or any results from the treatment to be rendered to me. The fee(s) for these services have been explained to me and I accept them as satisfactory. By signing this form, I am greely giving my consent to authorize Gunnerson Dental and/or all associates involved in rendering any services deemed necessary or advisable to treatment of my dental conditions, including the administration and/or prescribing of any anesthetic agents and/or medications. I understand it is my responsibility to let the Doctor know ALL the medications I am currently taking as well as any allergies.

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.: []