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DISCUSSION & INFORMED CONSENT FOR OCCLUSAL EQUILIBRATION

Rev 03/2018

Occlusal Equilibration is selective reshaping of the chewing surfaces of teeth, with the intention to reposition the mandible and stress relieve the muscle in the head and neck suspension apparatus.

I, the undersigned, have sought or have been referred to the above named dentist for occlusal equilibration, which I understand is a means of altering the chewing surfaces of some or all of my teeth, so that when my teeth come together, the temporomandibular joints (jaw joints) are in better anatomical position. I fully understand the importance of the history that I have given to the dentist, which together with the dentist's examination, indicated that the symptoms I have reported to the dentist may be improved.

I understand that the dentist does not guarantee any outcome as a result of changing the chewing surfaces of my teeth, and in fact, I have been informed by the dentist that there are possible complications that can occur despite the exercise of the dentist's skill and care. These complications include but are not limited to a worsening of my condition, to loss of a portion of tooth enamel; the possibility that a tooth or teeth may prove unsound and require restoration, including the replacement of existing restorations; the rebuilding of a tooth or teeth by removing additional amounts of tooth structure and replacing it with a crown, which may require additional cost; pain in the face and jaw; chewing difficulty; joint noise; and sensitive teeth.

I further understand that additional dental services may be required in the future, such as additional equilibration and additional recommended dental care and treatment as set forth in the treatment plan presented by the dentist, if one has been discussed and agreed upon. I further understand that if extensive equilibration is required there may be some change in the appearance of the teeth and mouth and some increased sensitivity to temperature extremes. The dentist has explained to me that there are other approaches to occlusal equilibration, such as occlusal appliance therapy, orthodontics, reconstructive dentistry and orthognathic surgery. Although all these options have been discussed and offered to me, I have selected occlusal equilibration.

FOR ALL PATIENTS

I have been given the opportunity to ask questions about Occlusal Equilibration and believe that I have sufficient information to give my consent as noted below.

CONSENT

I have been informed, both verbally and by the information provided on this form, of the risks and benefits and alternatives of the proposed treatment. I have been informed, both verbally and by the information provided on this form, of the material risks and benefits of alternative treatment and of electing not to treat

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my condition. I certify that I have read and understand the above information, that the explanations referred to are understood by me, that my questions have been answered. I authorize and direct the dentist to do whatever he/she deems necessary and advisable under the circumstances. I consent to have treatment performed. While the treatment may be covered by my medical and/or dental insurance, I accept any financial responsibility for this treatment and authorize treatment.

If I am signing for a minor child, I attest that I am the parent and/or a legal guardian or I have the permission of the child's parent and/or a legal guardian (a separate authorization form is required). If I am signing for an adult, I attest that I am a legal guardian and am authorized to make medical and financial decision on patient's behalf.

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