



## GATEWAY DENTAL

### Patient Policies

**Standard of Care Policy:** I understand this office has a standard of care that may exceed my insurance coverage. This may include exam, cleaning, and fluoride treatment every six months, diagnostic x-rays once per year, full mouth x-rays every five years, composite fillings, and/or noble metal and porcelain restorations. Gateway Dental is not liable if I elect a lesser standard of care or if my insurance denies or downgrades my care.

**Medications and Drug Policy:** I understand that antibiotics, analgesics, and other medications or materials used in this office can cause reactions including but not limited to redness and swelling of tissues, pain, itching, numbness, vomiting, and/or anaphylactic shock. It is my responsibility to inform the office of any known allergies, medications I am taking, or any changes in my medical history.

I understand that the medications, drugs, anesthetics, and prescriptions used may cause drowsiness and lack of awareness and coordination. I also understand that I should not consume alcohol or other drugs because they can increase these effects.

Antibiotics may interfere with the effectiveness of oral contraceptives in women. Therefore, I understand if desired women should consult with their physician about an additional form of contraceptive to be used for one complete cycle after a course of prescribed antibiotics is completed.

**Radiograph Policy:** I understand in this office digital radiographs are taken by qualified personnel with minimal radiation exposure. I will notify staff of any medical reason that prohibits the taking of x-rays prior to capture. I understand refusing x-rays may result in conditions undiagnosed.

**Alternatives and Changes to Suggested Treatment Policy:** I understand there are alternative treatments than the recommended treatment plan. One option is to have no treatment. Any and every alternative may entail a number of actual or potential risks and benefits, which are difficult and impossible to quantify or predict for specific cases. I understand that during the course of care it may be necessary to change, omit, expand, and/or add treatment because of unforeseen conditions that were not diagnosed.

**No Warranty or Guarantee Policy:** I hereby acknowledge that no guarantee, warranty, or assurance has been given to me that the proposed treatment will be successful. In most cases, treatment should provide benefit in reducing the cause of my condition and should produce healing which will help me keep my teeth. Due to individual patient differences, however, a doctor cannot predict the absolute certainty of success. There exist the risks of failure, relapse, additional treatment, or worsening of my present condition, including the possible loss of certain teeth, despite the best care.

**PATIENT INITIALS:** \_\_\_\_\_

## Policy on Common Restorative Conditions:

**Scaling and Root Planing Therapy:** Periodontal disease is an inflammation of the gum tissue that can affect the teeth and supporting bone in your mouth. Plaque bacteria, acids and certain foods all contribute to the development of periodontal disease that can lead to loss of teeth and other adverse effects to health. Non-surgical treatment involves dental scaling below the gum line with manual hand and ultrasonic instruments with a local anesthetic. This may result in tender gums or more sensitive teeth during healing. Much of the success of periodontal treatments depends on the continued home care and faithful adherence to hygiene instructions, including strict observance of recall appointments. Further care and costs of a specialist may be necessary.

**Filling Restoration:** A filling is a method to restore a tooth damaged by decay back to its normal function and shape. Treatment includes removing the decayed tooth material, cleaning the affected area, and then filling the cleaned out cavity with a special material. By closing off spaces where bacteria can enter, a filling also helps prevent further decay. Materials used for fillings include gold, porcelain, composite resin (tooth-colored fillings), and an amalgam (an alloy of mercury, silver, copper, tin and sometimes zinc). Care must be exercised when chewing on fillings to avoid breakage. It is possible sensitivity to temperature and pressure may occur after restoration. A more extensive restoration, crown, or possible root canal therapy may be required due to conditions discovered during preparation. Fillings under normal wear and tear are guaranteed one year from original placement.

**Crown, Veneer, and Bridge Restorations:** A crown is used to entirely cover or "cap" a damaged tooth. In addition to strengthening a tooth, a crown can be used to improve its appearance, shape or alignment. A crown can also be placed on top of an implant, or used to bridge an edentulous site with a tooth-like shape and structure for function. Materials used for crowns include metal alloys, porcelain, and ceramics. It is sometimes not possible to exactly match the color or bite of natural teeth with artificial restorations and any personal preferences must be made prior to final cementation. Final cementation is the responsibility of the patient and failure to return in a timely manner may result in an additional expense. Crowns under normal wear and tear are guaranteed three years from original placement.

**Denture and Partials:** Dentures are replacements for missing teeth that are removable. There are two main types of dentures: full and partial. With full dentures, a flesh-colored acrylic base fits over your gums. The base of the upper denture covers the roof of your mouth, while the lower denture is shaped like a horseshoe to accommodate your tongue. Alternatively, a partial denture rests on a metal or plastic framework that fits around your natural teeth. While today's dentures are natural looking and more comfortable than ever, sore spots, altered speech, and difficulty eating is not uncommon. Dentures may require adjusting and relines before becoming comfortable. It is the responsibility of the patient to return for delivery of dentures and failure to return in a timely manner may result in an additional expense. Dentures under normal wear and tear are guaranteed three years from original delivery.

**Night Guards:** Bruxism, or teeth grinding, commonly causes jaw pain, headaches, and tooth wear. The most common method to alleviate these effects is a night guard. This is an appliance typically worn while sleeping through the night to prevent the surfaces of your teeth from grinding together, and causing you to chip and crack your teeth or strain your jaw muscles. Night guards may require bite adjustments or refabrication with new restorations at an additional expense. Night guards under normal wear and tear are guaranteed one year from original delivery.

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I, \_\_\_\_\_, have read, understand, and agree to Gateway Dental's Patient Policies.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_