HappySmile

GABINET STOMATOLOGII I MEDYCYNY ESTETYCZNEJ

CONSENT TO PROSTHETIC TREATMENT

Patient's name and surname and PESEL number: .....

I hereby consent to prosthetic treatment performed by the doctor.....

Diagnosis and planned and approved prosthetic restoration design by the patient:.....
TEETH:.....PROCEDURE:.....
COSTS:.....NOTES:.....

1. I declare that I have been informed of all circumstances and risks associated with refusing consent to the recommended services. 2. I declare that I have provided written, up-to-date information regarding my health status in accordance with:
1. the health questionnaire attached to this consent
YES/NO
2. the health questionnaire in the patient's file (unchanged)
YES/NO
3. I am not aware of any medical contraindications
YES/NO
3. I agree to notify my treating physician in writing of any changes in my health status. I acknowledge that the above data is confidential.
4. I consent to the collection of radiological and photographic documentation during procedures and after the placement of the prosthetic restorations.
5. Each stage concerning the aesthetics of the work, i.e., the selection of the color, shape, and positioning of the teeth for the prosthetic restoration, will be approved by me as meeting my expectations by signing. If, after this date, I wish to make changes to the color or form of the restoration, I agree to cover the associated costs. 6. I declare that all questions regarding treatment, as well as possible complications and alternative treatment methods (including discontinuation of treatment), were answered clearly and comprehensively.
I have been informed that:
a. the pulp may be exposed during grinding, which will require root canal treatment and possibly the use of a post and core restoration, which will incur additional costs;
b. if the prosthetic work is performed on a living tooth, it may die over time, which will require root canal treatment, which will involve damage to the crown and the need to replace it;
c. in the case of veneers, a change in the color of the tooth may cause the impression that the porcelain veneer placed on it will change its shade;
a. in the case of post and core restorations, there is a risk of perforation (hole formation) of the root wall during the removal of the filling material; this will require a procedure to close the perforation, and if unsuccessful, tooth extraction; b. toothache, pain in the surrounding tissues, headache, fever, malaise, allergy to medications, exacerbation of coexisting conditions, discomfort and stress caused by pain, need for medication (affecting well-being, ability to drive, and complications for pregnant women);
c. complications that may occur include:
1. crack or fracture of the tooth;
2. swelling, abscess, hematoma;
3. bleeding after possible surgery;
4. aesthetic problems;
5. difficulty eating and speaking;
6. unplanned root canal treatment;
7. unplanned tooth extraction and additional prosthetic treatment;
d. sometimes the patient's body does not tolerate the dentures or the dentures do not withstand the bite forces, in which case it is necessary to use other treatment methods and incur additional unplanned costs;
e. Possible re-treatment of prosthetic teeth involves an increased risk of complications and costs, as well as limitations on the use of possible treatment solutions and methods, and greater difficulties in achieving a satisfactory result for the patient.
7. I am aware that I may withdraw my consent to treatment, in which case I undertake to cover the costs of all stages of prosthetic work until the consent for treatment is withdrawn. Revocation of consent must be made in writing and is counted from the date of delivery to the attending physician. If I withdraw my consent or withdraw from the treatment during the course of prosthetic treatment, I undertake to cover all costs incurred to date by HappySmile Dental and Aesthetic Medicine.
8. I declare that I have been informed of the purpose, necessity, and possibility of prosthetic treatment of the tooth(s), as well as the nature of the procedure and its normal consequences, as well as the possibility of complications and the possible need for additional treatment. 9. I declare that I have read and understood the above rules and have received all explanations regarding my treatment. I have been informed about alternative treatment options, their advantages, disadvantages, and risks, including the possibility of discontinuing treatment.
13. I understand that the approved and planned treatment described above applies only to the current state of my health and teeth. If I delay or interrupt prosthetic treatment, my health and teeth may change, including minimal spontaneous tooth movement that prevents the use of previously prepared materials and prosthetic work. A delay or interruption in treatment will require all work to be completed from scratch. In the event of a delay or interruption of treatment for reasons beyond my control (the patient's control), I agree to cover the costs of previously performed work and any subsequent prosthetic treatment. In such a situation, I assume full responsibility for the negative consequences of my discontinuing the prosthetic treatment.
14. I have been informed of all circumstances and risks associated with not agreeing to the recommended scope of treatment.
15. I accept the prosthetic treatment plan and the quote.
16. I accept and undertake to pay the costs and fees for the aforementioned treatment. 17. In accordance with Articles 31–35 of the Act of December 5, 1996, on the professions of physicians and dentists (Journal of Laws of 2021, item 790, as amended) and Articles 15–19 of the Act of November 6, 2008, on patients' rights and the Patient Ombudsman (Journal of Laws of 2020, item 849, as amended), I hereby consent to the performance of prosthetic treatment indicated by the dentist .....

APPROVAL OF THE ARTICLE: Please complete – to accept, mark "X" next to the selected item and sign.

Shape.....
Color.....
Aesthetics..... *Patient's Signature.....*
Fitting..... *Final work.....*