



CONSENT FOR OCCLUSAL BITE ADJUSTMENT

I hereby authorize the doctors at Thrive Dental & Orthodontics, along with their staff, to perform an occlusal bite adjustment for me or my dependent on tooth number(s): _____

I understand that an occlusal bite adjustment is performed to adjust one or more teeth to better allow them to come together in the best configuration for the individual patient. The procedure requires the grinding or smoothing of the teeth to make the bite more uniform and/or eliminate areas that are causing trauma to the tooth/teeth and supporting structures, like the TMJ, periodontal ligament, and alveolar bone. The smoothing and reshaping of the tooth/teeth or existing restorations, such as composite fillings, crowns, and bridges, will change the feeling and appearance of the areas that are adjusted and may expose underlying structures such as the tooth dentin or metal coping under porcelain fused to metal crowns or bridges.

I understand that additional dental services may be required in the future, such as additional adjustments or an occlusal guard. Even though care and diligence will be exercised by my treating dentist, there are inherent risks associated with any procedure. I agree to assume those risks, including possible unsuccessful results and/or failure which are associated with, but not limited to the following:

1. **Tooth Sensitivity:** The removal of enamel or thinning of existing restorations, although as conservative as possible, can lead to tooth sensitivity. This sensitivity may be mild to severe and may last for a short period of time or may last for much longer. If sensitivity is persistent or lasts for extended periods of time, the patient must notify the dentist, as this may be a sign of more serious problems.
2. **Need for new or replacement restoration(s):** At times, if the bite is determined to be excessively out of balance, and occlusal adjustments alone may not accomplish the desired equilibration without removing too much of the enamel surface, a crown may be required. Additionally, if adjusting an existing restoration leads to excessive thinning of the composite filling or crown/bridge, replacement of the restoration will be required.
3. **Additional treatment or specialist referral:** Severe misalignments of the jaw cannot be corrected with an occlusal adjustment alone. If the pain/discomfort of the patient is caused by an imbalance in the alignment of the jaw, a referral to a TMJ specialist may be required. Additionally, while bite adjustments can alleviate pulpal (nerve) pain in patient's experiencing reversible pulpitis due to a "high bite", the condition can progress to irreversible pulpitis and necrosis requiring root canal treatment, possibly with an endodontic specialist.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of an occlusal bite adjustment, and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any. No guarantees or promises have been made to me concerning the results of treatment to be rendered. The fees 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 the doctors at Thrive Dental & Orthodontics to render any treatment necessary or advisable to mine or my dependent's dental conditions.

Patient's Name (please print)

Signature of Patient, Legal Guardian, or Authorized Representative

Date

Witness' Signature

Date