

**INFORMED CONSENT – CONE BEAM CT SCAN**

1. A CBCT scan, also known as Cone Beam Computerized Tomography, is an x-ray technique that produces 3D images of your dental arches to allow visualization of internal bone and hard tissue structures.
2. Advantages of a CBCT Scan over conventional x-rays: A conventional x-ray of your mouth limits your dentist to a two-dimensional or 2D visualization. Diagnosis and treatment planning can require a more complete understanding of complex three-dimensional or 3D anatomy. CBCT examinations provide a wealth of 3D information which may be used when planning for dental implants, surgical extractions, maxillofacial surgery, and advanced dental restorative procedures. Benefits of CBCT scans include:
  - A. Higher accuracy when planning implant placement surgery;
  - B. Greater chance for diagnosing conditions such as vertical root fractures that can be missed on conventional x-ray films;
  - C. Greater chance of providing images and information which may result in the patient avoiding unnecessary dental treatment;
  - D. Better diagnosis of third molar (wisdom teeth) positioning in proximity to vital structures such as nerves and blood vessels prior to removal;
  - E. The CBCT scan enhances your dentist’s ability to see what needs to be done before treatment is started.
3. Radiation: CBCT scans, like conventional x-rays, expose you to radiation. The amount of radiation you will be exposed to is greater than traditional dental imaging, but far below amounts used in hospital medical imaging. At this office, the dose of radiation used for CBCT examinations is carefully controlled to ensure the smallest possible amount is used that will still give a useful result. However, all radiation exposure is linked with a slightly higher risk of developing cancer, but the advantages of the CBCT scan outweigh this disadvantage.
4. Pregnancy: Women who are pregnant should not undergo a CBCT scan due to the potential danger to the fetus. Please tell the dentist if you are pregnant or planning to become pregnant.
5. Diagnosis of non-dental conditions: While parts of your anatomy beyond your mouth and jaw may be evident from the scan, your dentist may not be qualified to diagnose conditions that may be present in those areas. If any abnormalities, asymmetries, or common pathologic conditions are noted upon the CBCT scan, it may become necessary to send the scan to an Oral and Maxillofacial Radiologist for further diagnosis. If this occurs, the (referring) dentist will discuss this option with you as well as the fee for the additional diagnosis and referral. Dr. Robert E. Jepko, D.D.S., PA only reads scans to ensure diagnostic quality. The referring office is responsible for interpretation and evaluation of the images.

**PLEASE DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT, UNDERSTAND IT, AND AGREE TO ACCEPT THE RISKS AND ADVANTAGES NOTED.**

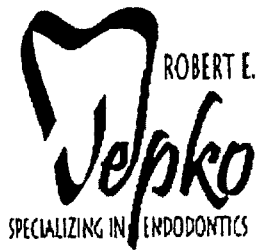
I, being 18 years or older, certify that I have read the above statement. I understand the procedure to be used and its benefits, risks, and alternatives. I acknowledge that I have had a full opportunity to discuss the matter with my Doctor, have been given the opportunity to have my questions answered, and accept the risks of the CBCT scanning procedure as described above. I therefore give my consent to Robert E. Jepko, D.D.S., PA and his staff as he may designate, to perform a CBCT scan.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\* Please remove all jewelry and/or metal from your hair, neck, and ears.



### **Acknowledgement of Consent for Laser Treatment**

This authorization and informed consent is given of my own free will after the doctor has explained to me the foreseeable dental and medical risks involved and discussed below. I understand the purpose of this treatment is to treat and possibly correct my diseased tooth and/or tissues in my mouth.

#### **BENEFITS OF USING LASER IN ENDODONTICS:**

- 1- The laser allows the flow of disinfection solution into the complex root canal area that is otherwise not cleanable. This improved disinfection results in significant reduction of infected tissue (when compared to the conventional root canal treatment), which **leads to improved healing rates and reduced postoperative inflammation and pain.**
- 2- The laser destroys bacteria and viruses without using harmful radiation, resulting in reduced bacterial count within the root canal, **leading to increased success rates.**

#### **POSSIBLE SHORT-TERM AND LONG-TERM COMPLICATIONS:**

- 1- Eye Damage: injury of the eyes is possible if you look into the laser beam. **We will provide eye protection that will prevent this. These safety glasses are specific to the type of laser being used. It must be worn at all times when the laser is in operation.**
- 2- Pain, burning/ itching sensation, redness, inflammation or swelling may occur for a few days after treatment.
- 3- Wound Healing: Oozing of the tissue in the treated area may occur and persist for a short time.
- 4- Tissue Pigment Changes: Soft tissue color and texture changes may occur. At the junction of treated and untreated cases, a difference in color, texture, and/or thickness may appear.

#### **OTHER PROBLEMS:**

As with any dental procedure, there are minor problems not mentioned that can occur but be assured that you are receiving the highest technology dentistry offers.

#### **ADDITIONAL OPTIONS:**

There are alternatives to using the laser in endodontics. Those could include more conventional endodontic treatment without a laser. If you would rather pursue an alternative treatment, please let your doctor know and he would be happy to discuss those alternatives with you. There is always the option of having no treatment performed, although it may compromise the final treatment result.

No guarantee of success has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. I understand and appreciate that the intention of the doctor is to relieve me of pain and suffering or eliminate a potential pathologic condition and the benefits of the proposed treatment far outweigh the possible complications mentioned above. By signing below you acknowledge that you have read this document, understand the information presented and have had all of your questions answered satisfactorily.

I certify that I have read and fully understand the above authorization and informed consent and the information referred to above and that all my questions have been answered to my satisfaction.

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

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_