

TMJ INFORMED CONSENT

Disorders of the Temporomandibular Joint can mimic other dental and medical problems. A proper diagnosis regarding head and neck pain is very important because serious medical problems such as vascular disorders, brain tumors, cervical disc disorders, etc. can produce similar symptoms of TMJ disorders. It is important to inform our office of any change in your health history form that was previously provided.

Length of treatment may vary according to the complexity of your condition. Treatment times may therefore vary from estimates. Although most conditions respond well to treatment, general health, stress, degree of tissue injury, posture, age, work habits, bite relationship, etc. do affect the outcome and total resolution is not always possible. Estimate time for treatment for Phase One is 3 months. In general, the treatment plan will be more lengthy and complicated if the symptoms are severe or if the problem existed for a long time.

The type of treatment methods we will use is based on our experience, skill, knowledge to be the most proven, appropriate, cost effective, and conservative. However, you should be aware there is much debate in the medical-dental community regarding what is the best way to treat various TMJ disorders.

As with any medical or dental treatment, unusual occurrence can and do happen. These possibilities could include minor tooth movement, loosened teeth or dental restorations, sore mouth, periodontal problems, muscle spasm, ear pain, neck pain, etc. Any of the mentioned complications are rare, but theoretically may occur. Additional medical and dental risks that have not been mentioned may occur. Dr Negru has explained to me the nature, purpose, benefits, risks of and alternatives to neuromuscular/ cranio-mandibular orthopedic treatment.

Good communication is essential to successful treatment. Please feel free to discuss any questions you may have regarding any problems or treatment. Referrals to other professional, such as physical therapists, nutritionists, chiropractors, medical doctors, neurologists, or ear-nose-throat specialist may be indicated and necessary for successful treatment.

I consent to the taking of photographs and x-ray before, during and after TMJ treatment as they are a necessary part of the diagnostic procedure and record keeping. I further give permission for the use of these photographs, x-rays and records to be used for the purpose of research, education or publication in professional journals.

I acknowledge that Dr. Negru is a general dentist who has taken numerous post graduate courses in orthodontics, gnathology, cranio-mandibular orthopedics, and TMD (Temporomandibular Dysfunction).

With any medical or dental treatment the success depends to a large extent on the degree of cooperation of the patient in following the prescribed treatment plan. Failure to comply with instructions could delay the treatment time and seriously affect the success of the treatment.

Patient must be aware that a final finishing stage, Phase Two, is usually required following Phase One Diagnostic Orthotic Therapy for a permanent solution. At the end of the successful completion of Phase One Diagnostic Orthotic Therapy, a consultation appointment will be set up for the patient to discuss the various treatment options for Phase Two (Treatment Phase).

I understand that if an orthotic is indicated and my symptoms are alleviated to the extent that I have substantially improved, and attempt may be made to serially wean me off the orthotic. If my symptoms reoccur after the orthotic is removed, a second phase of treatment will be necessary to complete my case. I further understand that the orthotic is not to be worn longer than three months.

The second phase of treatment will require one of the following procedures:

1. Crown and/ or bridge restorations
2. Orthodontia
3. Combination of crown and/ or bridge restorations and orthodontia.
4. A semi-permanent orthotic

When the most distal posterior teeth (back molar) are missing or all teeth are missing, the following may be recommended:

1. Crowns and partial dentures
2. Complete dentures
3. Implants

I certify that I have read or had read to me the contents of this form and do realize that risks and limitations are involved. I do consent to treatment by Dr. Michael P. Negru.

Review Date

Dentist

Date

Patient or Responsible Person

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