



Discussion and Informed Consent for Occlusal Equilibration

Facts for Consideration/Patient initials required

- _____ Occlusal equilibration is the selective reshaping or altering of the chewing surfaces of some or all of my teeth, so that when my teeth come together, the temporomandibular joints (TMJ or jaw joints) are in better anatomical position.
- _____ I fully understand the importance of the history I have given to Dr. Mark Poitras, which together with a dental examination, indicated that the symptoms I have reported may be improved.
- _____ An appliance that you wear for a week to let us diagnose the proper position of your bite. It allows us to analyze your present bite position for possible improvement. It is a diagnostic tool only.
- _____ When the deprogrammer locates a bite that works best for your muscles, jaw joints, and teeth, it allow us to manage your bite forces. The deprogrammer allows your jaw to "seat itself" into the joint. When it is not seated, there are sometimes problems that need treatment.

Benefits of Occlusal Equilibration, Not Limited to the Following:

- _____ The seated position of the deprogrammer allows less wear and tear to your teeth, dental work, and jaw joints resulting in the potential for less dentistry over time, including the following:
- ~Fewer new crowns
 - ~Less joint pain
 - ~Less over-compression of the disk in the jaw joint
 - ~Overall stronger teeth that experience less excessive structural damage/fatigue caused by the unnecessary forces of a poor bite position
 - ~Fewer worn out existing crowns
 - ~Fewer fractured teeth and/or fillings

Risks of Occlusal Equilibration, Not Limited to the Following:

- _____ I understand that Dr. Mark Poitras does not guarantee the outcome as a result of changing the chewing surfaces of my teeth, and in fact, I have been informed by my dentist that there are possible complications that can occur despite the exercise of the dentist's skill and care. These complications include bur are not limited to a worsening of my condition, to loss of a portion of tooth enamel; the possibility that a tooth or teeth may prove unsound and require a restoration, including the replacement of existing restorations; the rebuilding of a tooth or teeth by removing additional amounts of tooth structure and replacing it with a crown, which may require additional cost; pain in the face and jaw; chewing difficulty; joint noise; and sensitive teeth.

_____ A small percent of patients who try the deprogrammer will not benefit from proceeding to treatment.

_____ I understand that additional dental services may be required in the future, such as additional equilibration and additional recommended dental care and treatment as set forth in the treatment plan presented by Dr. Mark Poitras.

_____ I understand that if extensive equilibration is required there may be some change in the appearance of my teeth and mouth, as well as some increased sensitivity to temperature extremes.

_____ I understand that all medications have the potential for accompanying risks, side effects, and drug interactions. Therefore, it is critical that I tell my dentist of all medications I am currently taking and any medical conditions I am have. I attest that my medical history is up to date and accurate so that my dentist may ensure my safety during the procedure.

Alternatives to Occlusal Equilibration, Not Limited to the Following:

_____ Dr. Mark Poitras has explained to me that there are other approaches to occlusal equilibration, such as occlusal appliance therapy, orthodontics, reconstructive dentistry and orthognathic surgery.

No guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the conditions listed above.

Initial only one of the spaces below that applies to you:

_____ I have had my questions answered to my satisfaction. I consent to have Dr. Mark Poitras perform the treatment as discussed. I authorize and direct this dentist, with his associates, to do whatever they deem necessary and advisable under the circumstances.

Or

_____ I refuse to give my consent for the proposed treatments(s) as described above and understand the potential for consequences associated with this refusal.

Patients Signature (or Patient's Representative)

Date

Patients Signature (or Patient's Representative)

Date