

**INFORMED CONSENT**  
***TEMPOROMANDIBULAR JOINT THERAPY (TMJ)***  
***BITE BALANCING THERAPY***

I understand that the treatment of my dental conditions pertaining to the Temporomandibular Joint includes certain risks and potential unsuccessful results. There exists the possibility that the TMJ and bite problem may become worse through treatment. The treatment of TMJ and bite problems is perhaps the most difficult procedure in dentistry in which to predict possible outcome. Although great care and diligence will be exercised in this treatment, no promises or guarantees for desired results can be made or expected.

**Depending upon the severity of the condition**, treatment rendered may vary greatly. Discretion as to the method of treatment must be given to the treating dentist. There is no single right or wrong method of treatment. Engaging the help of specialists may become necessary.

**TMJ dysfunction and bite problems are exhibited through many symptoms as:** pain and tightness in the jaw, head and neck, ringing and/or aching in the ears, headaches, clicking, restricted jaw movements, etc. Problems result from dysfunction of jaw muscles and joints, traumatic injuries such as a blow to the jaw, teeth missing or misaligned, clenching or grinding of teeth, emotional stress, etc. Treatment may be simple such as leveling the bite through spot grinding of the teeth. This may cause tooth sensitivity to develop, which then may require additional dental procedures to be performed.

**Comprehensive diagnosis and evaluation may include** x-rays, study models, periodontal probing, clinical charting, and is essential to aid in the mode of treatment which is to be followed.

**Splints/ bite planes/ or other bite appliances may be necessary** in order to attempt to accomplish desired result. These are usually fabricated from plastic materials and are worn by the patient for various periods of time as prescribed by the treating dentist. The purpose of this type of appliance is to attempt to position the patient's jaw into a comfortable position. If and when such a position is able to be determined, a mode of treatment may then be pursued. This may include crowns, bridges, inlays, onlays, or other prosthesis. It may be necessary to recommend orthodontic and/or surgical treatment. It is important to follow all instructions related to splint therapy. Unsupervised wearing of a splint may cause shifting of teeth.

**Discomfort and/or pain may be experienced** in various degrees as treatment progresses to achieve a satisfactory result.

**Engaging the assistance of a specialist may be necessary** in diagnosis and/or treatment. In order to treat patients with TMJ and bite problems as thoroughly as possible, orthodontists, prosthodontists, periodontists, oral surgeons, dentists limiting their practice to TMJ therapy, specialists, endodontists, psychiatrists, psychologists, etc., may be necessary in the pursuit of achieving desired results. This may not become apparent until sometime later in the course of treatment and will necessitate additional expense.

**Patient responsibility:** It is the patient's responsibility to seek attention should any undue or unexpected problems occur and also to diligently follow any instructions, including the scheduling and attending of all appointments. Absolute patient cooperation is mandatory.

**Injury to the nerves:** Surgical procedures or local anesthesia may possibly result in injury to the nerves of the lips, tongue, or other oral tissues. Numbness could occur which may be either temporary or permanent.

**Informed consent:** I have been given the opportunity to ask any questions regarding the nature and purpose of crown and/or bridge treatment and have received answers to my satisfaction. I voluntarily assume any and all possible risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning the results. The fee(s) 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 Dr. Phillips and/or his associates to render any treatment deemed necessary, desirable and/or advisable to my dental conditions.

