

**INFORMATIONAL INFORMED CONSENT
TEMPOROMANDIBULAR JOINT THERAPY (TMJ)**

I UNDERSTAND that treatment of dental conditions pertaining to the TEMPOROMANDIBULAR JOINT includes certain risks and potential unsuccessful results. There exists the possibility that the TMJ problem may become worse through treatment. The treatment of TMJ problems is perhaps the most difficult procedure in dentistry in which to predict possible outcome. Even though great care and diligence will be exercised in this treatment, it is impossible to make any promises or guarantees for desired results nor can they be expected.

1. **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 a specialist or specialists may become necessary.

2. **TMJ dysfunction is exhibited through many symptoms such as:** pain and tightness in the jaw, head and neck; ringing and/or aching in the ears; headaches; clicking; restricted jaw movement; 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 treatment could cause tooth sensitivity to develop which then may require additional dental procedures to be performed.

3. **A comprehensive diagnostic evaluation**, which may include intraoral and extraoral x-rays, including cephalometric radiographs, tomographs, study models, periodontal probing, and clinical charting, is essential to aid in the mode of treatment which is to be followed.

4. **Splints/bite planes** may be necessary in order to attempt to accomplish a 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 jaws 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 prostheses. It may be necessary to recommend orthodontic and/or surgical treatment. It is important to follow all instructions related to splint therapy and to be examined regularly. Unsupervised wearing of a splint may cause shifting of the teeth and a change in the bite which may be detrimental and may require extensive reconstruction to correct.

5. **Discomfort and/or pain** may be experienced in various degrees as treatment progresses in the attempt to achieve a successful and satisfactory result. Pain or discomfort may range from oral muscle soreness to a numbness of the lips, jaws, tongue, teeth, and/or facial tissues, which numbness is usually temporary, but, rarely, may be permanent.

6. **Engaging the assistance of a specialist may be necessary in diagnosis and/or treatment.** In order to treat patients with TMJ problems as thoroughly as possible, it may be necessary to engage orthodontists, prosthodontists, periodontists, oral surgeons, endodontists, dentists limiting their practice to TMJ therapy, psychiatrists, psychologists, etc., in the attempt to achieve desired results. This may not become apparent until some time later in the course of treatment. In most cases involving other professional help, this will necessitate additional expense during the course of treatment.

7. **It is the patient's responsibility to immediately seek attention should any undue or unexpected problems occur and to immediately notify this office if treatment cannot be continued in a timely manner or if any appointment cannot be attended. Absolute patient cooperation is necessary and mandatory during treatment.**

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of Temporomandibular Joint (TMJ) treatment and have received answers to my satisfaction. I voluntarily assume any and all possible risks, including the 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 document, I am freely giving my consent to allow and authorize Dr. _____ and/or his/her associates to render any treatment necessary and/or advisable to my dental condition(s) including prescribing and administering any or all anesthetics and/or medications.

Patient's name (please print)

Signature of patient, legal guardian,
or other authorized person

Date

Witness to signature

Date (Rev. 1/03)