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## CONSENT FORM

### **to the treatment of deep dental caries with the probability of an inflammatory cariosity moving into the pulp**

I was informed by doctor hat a dental treatment with a diagnosis of “deep dental caries” is indicated and recommended to me.

Doctor explained to me the recommended method of treatment in order to preserve the vital activity of the pulp, and the consequences that may occur if I refuse the treatment or do not follow the doctor's recommendations after the treatment. Amongst other things I am warned that after the treatment, there may be a sense of discomfort, pain, that can last from several hours to several days, for the elimination of which doctor will prescribe medications if he considers it necessary.

I am also warned that due to the deep spread of the cariosity in the case of the pulp chamber of the tooth, there is a possibility of damage of the pulp tissues. In case of progression of the inflammatory process, I am warned that it will be necessary to carry out root canal treatment (removal of nerve terminals) of such tooth. Symptoms of the progression of the process, indicating the presence of endodontitis, are, in most cases:

1. Severe (usually nocturnal) pain in the tooth after treatment, that may increase over time.
2. Intensifying pain when biting (pressure) on such tooth.
3. Inflammatory process in the periapical tissues of such tooth noticeable on a dental radiograph.

It was explained to me that on the dates indicated below I have to attend a second examination so that doctor can perform a visual inspection, evaluate the treatment results, adjust the treatment plan, and perform an X-ray control of the tooth.

I am warned that when treating deep dental caries, the Clinic's guarantee does not extend and does not cover cases of endodontitis progression or an exacerbation of the inflammatory process in the tooth pulp.

Doctor answered all my questions, and I fully understand everything that was said above in this consent form.