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Preface

Edition 7 of Dr. Christensen's Dental Documents

Dear Colleague:

This booklet contains patient informational and business forms I have developed and used successfully in my practice. They have been revised numerous times to adapt to changing concepts in the profession. You may revise them to meet the needs of your own practice.

Most patients do not understand dental procedures. Lack of understanding can create anxiety and fear. Informed patients are grateful for the information and far more relaxed during treatment. The following brief explanatory pages help to prevent misunderstandings, and they stimulate discussion between patients and dental staff persons about techniques or concepts.

I prefer to give the related written forms to patients at the beginning of a procedure, so they have adequate time to read the information before treatment begins. Most patients take the forms home with them.

Numerous new forms have been added to this seventh edition to adapt to changes in dentistry. Also, many of the previously published forms have been changed and updated or changed totally. Many of these forms can serve as legal informed consent. If you plan to use them for this purpose, may I suggest that you place a date on the form, sign it and have the patient sign it also.

Use the forms as you prefer. Some practitioners have used the forms as they are printed, while others have redesigned them to suit their own needs.

I wish you success in your practice.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon".

Gordon J. Christensen, DDS, MSD, PhD

Anesthetics for Oral Treatment

The following methods are available to control discomfort experienced during oral treatment. Please discuss your preference with us. Advise use of any medications you are taking in case they conflict with the following anesthetic methods:

- 1. Local Anesthetic:** This type of anesthetic is by far the most common form used in dentistry. You will receive a nearly painless injection of a short-acting (one hour), long-acting (three hours), or extra-long-acting (up to six hours) local anesthetic. Almost no side effects result. Unless you have special preference, local anesthetics will be used for your dental services. There is not an additional fee for this service.
- 2. General Anesthetic:** Certain conditions require the use of general anesthetic, usually in a hospital environment. If this is necessary for you, usually an anesthesiologist or anesthetist will deliver the anesthetic while the dentist completes the oral treatment. You will be billed by the personnel delivering the anesthetic for that service, and by our office for the oral treatment.
- 3. General Anesthetic in a One-Day Surgicenter:** If your health is excellent, and if your oral condition requiring general anesthetic is less severe, you may be treated in a surgicenter. The overall cost will be less than the same services in a hospital, but will still include the following fees: anesthesiologist or anesthetist fee, surgicenter fee, and the dentist's fee.
- 4. Nitrous Oxide:** Nitrous oxide gas, or "laughing gas" is a colorless non-flammable gas with a pleasant, slightly sweet odor and taste that reduces the sensation of pain and creates a euphoric feeling. There is no "hangover" effect. The effect is eliminated from the body within 3–5 minutes after the gas supply has stopped. You may drive home without an escort. Some patients still feel discomfort using nitrous oxide, and they require augmentation of local anesthetic. Nitrous oxide is not recommended for pregnant patients, patients who might be pregnant, and patients who suffer from emphysema.
- 5. Sedatives:** If you are very anxious or nervous about oral treatment, please ask us about pre-medication. This medication may be given to you to take before you arrive, or it may be provided to you about one-half hour before the treatment begins. You should plan to arrive one-half hour early and have someone present to drive you to your home.
- 6. Electronic Anesthesia:** Transcutaneous Electrical Nerve Stimulation (TENS) provides a very slight amount of electricity to the area to be anesthetized and produces non-chemical anesthesia for 70 percent or more of the patients. Initially, this procedure requires slightly more time than chemical anesthetics for effectiveness. However, on later appointments, it is faster than injected local anesthetics. Electronic anesthesia is harmless and has no after effects or post-operative "numbness."
- 7. Hypnosis:** In very special situations that do not adapt to any other anesthetic modes, hypnosis may be effective. This procedure usually requires more time on each appointment and more appointments than for other types of pain control. A fee is charged for this service.

Please ask us questions about any of these services.

Temporomandibular Disorders (TMD)

(Please Print Legibly)

Patient Name: _____ Date: _____

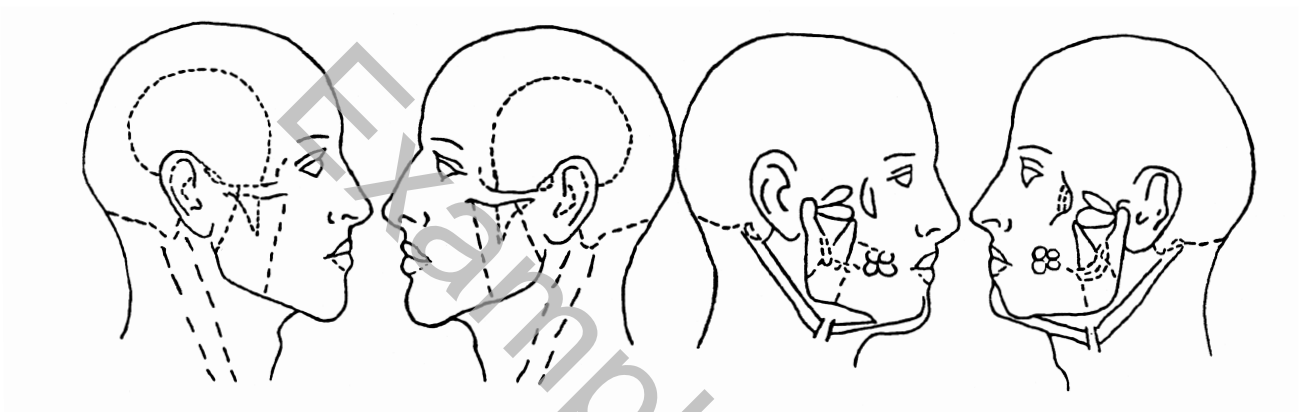
Referred by: _____

A. Symptoms & signs

1. Patient's Statement of the Problem

Main Complaint: _____

Patient's Comments: _____



2. Medical Complications: ☐ NONE

What? _____

3. Surgery: ☐ NONE

What? _____

4. Trauma: ☐ NONE

What? _____

5. Nature of Pain: ☐ NONE ☐ Mild ☐ Moderate ☐ Severe | ☐ Acute ☐ Chronic

6. Location of Pain:

RIGHT LEFT

- | | | |
|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a. TMJ |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Ears |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Masseters |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Temporals |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Sternomastoid |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Occipital |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Ext. Pterygoid |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Int. Pterygoid |

i. Neck: _____

j. Shoulders: _____

k. Back: _____

l. Other: _____

7. Tooth Pain: ☐ NONE

Location: _____

Stimulated by What? _____

Implant Placement

This instruction sheet will help you to understand the dental implant placement procedure.

1. Please have a good night's rest before the day of implant placement, and eat a nutritious breakfast or lunch.
2. Sterile covers will be placed over your clothing and hair, and our work surfaces.
3. We will wear sterile outer clothing to eliminate any contamination.
4. A local anesthetic will be used.
5. A small incision may be made in your gums to obtain access to the location where implants will be placed.
6. Several sizes of small drills will be used to make precise, painless preparations in the locations where the implants will be placed.
7. Implants will be placed into the prepared sites.
8. If an incision is made, your gum tissue will be sutured together to isolate the newly placed implants from oral fluids and foods. The stitches will dissolve by themselves, unless we advise you differently.
9. You will be asked to bite on gauze sponges for at least one half-hour after the implant placement to stabilize any incision and stop any slight blood flow.
10. You may be given 2 prescriptions which you should have filled and begin to use immediately:
 - a. A pain relieving medication to control discomfort. Take this medication only until you do not need it anymore.
 - b. An antibiotic to control any potential infection. Please take this medication as directed until the tablets are gone.
11. Anesthesia should remain in your mouth for at least 1 hour after we are finished.
12. As soon as possible after treatment, place ice in a plastic bag and put it on and off the outside of your face for a few hours over the sites where the implants were placed. This reduces the potential swelling and bruising. However, you may still have some swelling and bruising for a few days.
13. There may be a feeling of numbness caused by the surgery that lingers for a short time. Usually, this feeling goes away within a few days. In very few cases it does not go away totally.
14. Eat and drink only soft foods for a few days. The less force you put on the implant area for the next several days the better and faster will be the healing. Over 95% of implants are accepted well by the body, and about one out of 20 is rejected and must be replaced.
15. We anticipate that these implants will serve you well for many years.

Temporomandibular Disorders (TMD)

PATIENT QUESTIONNAIRE

(Please Print Legibly)

Patient Name: _____ Date: _____

Referred by: _____

Directions: Please answer all by checking, circling, or filling in the blank on all that apply.

YES NO

- ☐ ☐ 1. Do you have frequent headaches?
- ☐ ☐ 2. Do you have pain in or around the right jaw joint?
- ☐ ☐ 3. Do you have pain in or around the left jaw joint?
- ☐ ☐ 4. When did you first notice the jaw pain? _____
- ☐ ☐ 5. Has the pain recently become more severe? If so, when? _____
- ☐ ☐ 6. The pain is worse in the: Mornings Evenings At Meals No Specific Time
- ☐ ☐ 7. The pain is: Dull Stabbing Throbbing Continuous Intermittent
- ☐ ☐ Other: _____
- ☐ ☐ 8. Does the pain sometimes feel like it is in your ear?
- ☐ ☐ 9. Do you have clicking, popping, or grating noise in your right jaw joint?
- ☐ ☐ 10. Do you have clicking, popping, or grating noise in your left jaw joint?
- ☐ ☐ 11. When did you first notice the noise? _____
- ☐ ☐ 12. Has the noise become more pronounced recently?
- ☐ ☐ 13. Has your hearing worsened since your jaw problem began?
- ☐ ☐ 14. Does your jaw problem interfere with your normal activities?
- ☐ ☐ 15. Are you taking, or have you taken, medication for this condition? If so, what? _____
- ☐ ☐ 16. Have you ever had a severe blow or trauma to the head, neck, or jaw?
- ☐ ☐ Explain: _____
- ☐ ☐ 17. Do you have difficulty chewing? If so, is this difficulty because of:
- ☐ pain in joint ☐ pain in teeth ☐ clicking ☐ limited opening ☐ missing teeth
- ☐ ☐ Other (specify): _____
- ☐ ☐ 18. Has your mouth ever locked open so you were unable to close it? If so, when? _____
- ☐ ☐ 19. Have you had problems opening your mouth wide? If so, please explain: _____

Managed Care in Dentistry

(THIRD-PARTY PAYMENT FOR DENTAL CARE)

In recent years, there has been a significant increase in so-called “managed dental health care” in which insurance groups make contracts with local companies to provide dental care for specified fees and with numerous regulations and stipulations for patients. Your employer may purchase dental benefits for you using a managed care program.

Other than paying for dentistry yourself without any involvement with insurance companies, there are several payment concepts currently popular:

Indemnity dental “insurance” plans

(These organizations offer standard dental treatment at near normal fees with a choice of practitioners.)

These groups are the original managed care organizations in dentistry. Many dental patients have had these plans for decades. They provide payment to dentists at fee levels that generally allow quality oral services to be provided. One of the only disadvantages to some of these plans is the high administrative-cost charged to you and your employer. Thus, you receive less dentistry than the funds your employer pays into the benefit company. Nevertheless, these indemnity “fee for service,” freedom of practitioner choice, dental “insurance” plans have provided adequate dental services for Americans for decades.

Direct reimbursement plans

An excellent and slowly growing form of payment called Direct Reimbursement (DR) can be obtained by your employer, in which you have complete freedom of choice about practitioners and the quality level or type of service you want, without major overhead costs to your employer. We will be pleased to provide information on DR if you want it for your employer.

Americans enjoy freedom in nearly all areas of their lives. I think you want to choose your health practitioner based on your own criteria, and you want the very best preventive-care practitioners and treatment you can get. I doubt if you can trust profit-motivated companies to select your practitioners, dictate their fees, or limit their services. Only three of the five methods for payment described on this sheet preserve “freedom of choice” dentistry (indemnity dental “insurance” plans, referral networks, and direct reimbursement).

Referral networks

A growing form of managed care are the so-called “referral networks.” Dentists join a commercial firm, such as 1-800-DENTIST. These groups recruit dentists and can give patients knowledge of the qualifications of the dentist. These dentists provide services at somewhat lower fees.

(next page)

Managed Care in Dentistry (continued)

HMO (health maintenance organizations)

(These organizations offer minimal dentistry at low fees by specified practitioners.)

Perhaps the greatest current threat to quality dental care in the U.S. are the currently available, underfunded dental HMOs. A dental benefit company (HMO) makes a contract with your employer to provide “overall” dental care for you at very low fee levels. Capitation payments to dentists from many dental HMOs will not even provide the total of 2 dental “cleanings” (scaling and polishing) per year. The dentist receives a few dollars per patient per month, whether the patient is treated or not. Obviously for financial reasons, the dentist would rather not see the patient, and certainly would rather not do any expensive treatment, almost all of which must be donated to the patient by the dentist. Generally in dental HMOs, the dentist can only survive financially by not treating the patients. Who profits from dental HMOs? Certainly not the patient or dentist. You guessed it, the HMO owners! As in some PPOs, if you elect to join a dental HMO, you have a group of preferred providers who participate in the plan for various reasons.

There are a few large dental HMOs with historical evidence of relatively acceptable levels of dental care. However, these are exceptions to the previous statements. Your dentist can easily tell you if the dental HMO plan you are considering provides adequate funding for dental services.

PPO (professional provider organizations)

(These organizations offer partial payment for dental treatment at reduced fees as provided by specified practitioners. Also known as preferred providers.)

A dental benefit company (PPO) contracts with your employer to provide some financial benefits for dental care for you. The dentists who participate in the PPO plan agree to treat you for reduced fees. They are called “preferred providers.” Most dentists belong to at least some PPOs. Often, the participating dentists are younger dentists, or a few mature dentists who have various reasons for their participation. Many dentists do not participate in PPOs because the reduced fees often limit the dentists’ ability to provide services at their usual level. Dental benefit companies administering PPOs are in “business” for profit. The profits go to the PPO owners. With the myriad new innovations in dentistry, it is impossible for updated practitioners to provide high level, standard-of-care services on a continuing basis to you at reduced fee levels. Be careful! If you elect to join one of these plans, you can expect only maintenance level care from some of them. Usually these plans don’t include elective services such as implants, esthetic dentistry, orthodontics, and other treatment. These plans vary enormously in the benefits they pay and quality of oral care the participating practitioners can provide.

Thank you for your support. We look forward to serving you with high quality, moderate cost, freedom of choice dental services.

Partial Removable Dentures

We have done our best to provide you with well-fitted, functional, and esthetic removable partial dentures. We feel confident that after a few weeks of becoming adjusted to the new partial dentures, you will have years of satisfaction and use from them.

- 1. The First Few Weeks:** New dentures always feel strange when first placed in your mouth. Several days or even a few weeks will be required for you to feel accustomed to them.
- 2. Sore Spots:** Usually, your mouth will have a few "sore spots" after wearing the dentures for 24 hours. Don't worry about these areas. They can be relieved with very little effort during your next appointment.
- 3. Chewing:** The new bite will not feel comfortable for a few days. We will adjust the contacting surfaces of your teeth in 24 hours and again about one week after the dentures have "settled" into place.
- 4. Cleaning the Dentures and Your Mouth:** Your dentures can be cleaned by using a soft bristle toothbrush and a mild denture cleaning paste. Use special care to clean the parts of the partial denture that contact natural teeth. Both the partial denture and the natural teeth must be kept very clean daily to reduce the chance of new dental decay starting. Use fluoride-containing toothpaste for the natural teeth. If suggested by us, use high fluoride-containing toothpaste such as PreviDent 5000 (Colgate) as a brush-on material on a daily basis. This product requires a prescription from us.

Denture soaks or cleaners are also useful to help in removing debris from the denture. Please ask us if you are interested in a small "sonic" cleaner available for home use. Brush your gums with a regular toothbrush once per day to toughen and clean them. You may leave the dentures in or out of your mouth at night, depending on your preference. If they are out of your mouth, leave them soaking in water to avoid dehydration and warping.

- 5. The Future:** Your jaw bones and gums shrink up to 1/32 of an inch per year when your teeth are missing. This shrinkage is one of the main disadvantages of artificial dentures. Because of this shrinkage, you should plan to have your dentures and oral tissues evaluated by us at least once every 6 months. We will inform you when refitting of the dentures is necessary. Wearing ill-fitting dentures for too long without refitting can cause severe bone loss and serious oral diseases.