

Informed Consent for Soft Guard Treatment due to Bruxism and Pulpitis

Unfortunately, a patient can have many dental, medical and emotional problems all at once. It is not uncommon for a patient with **bruxism** (tooth grinding) to have teeth that are sensitive to hot and cold. This is called **pulpitis** since the pulp (nerves, blood vessels and connective tissues) inside the teeth are inflamed and very sensitive. This sensitivity can sometimes become extreme or bothersome and force the patient to seek dental care.

When the patient visits the dentist, many of the patient's teeth hurt or are very sensitive. Since the bruxism is usually the primary cause of the pain/sensitivity, Dr. Linkous prefers to treat the bruxism first with a soft guard and wait to see how the painful teeth respond. In many cases, the teeth calm down and return to normal after a few weeks of soft guard therapy. If one or more teeth do not respond to this therapy and continue to hurt, we then have to consider root canal therapy on the affected teeth.

Caring for your Guard

DO NOT soak your night guard in mouthwash, denture cleanser, hot water or place in direct sunlight. Rinse well with water before and after use and store dry. Clean the guard with warm, soapy water. An old toothbrush with a small amount of toothpaste can be used to clean out the grooves. If your guard becomes loose, tight or causes discomfort, don't hesitate to contact us. Please remember to keep guard out of reach of animals.

Oral hygiene is very important when using your night guard. Remember to brush, floss and rinse before inserting your night guard. Seat your guard from front to back before going to bed.

Permission to begin treatment

I have read and understand the information contained within this consent form. I understand my condition has the potential to have later complications which may involve additional dental work.

If I choose to limit my therapy to bruxism (grinding) therapy, I understand that one or more of my teeth may later require root canal therapy and related dental work, also involving additional costs.

I understand that there is no guarantee that this appliance will resolve my grinding and/or sensitivity problems.

I give Dr. Linkous and staff permission to begin my care.

Total cost of night guard: \$297.00

Patient Name: _____

Signature: _____

Date: _____

