



INFORMED CONSENT FOR THE TREATMENT of CRANIOFACIAL PAIN, and RELATED SYMPTOMS

Cooperation: With any medical or dental treatment, the success depends to a large extent in the degree of cooperation of the patient in following the prescribed treatment plan and keeping strategically scheduled appointments. Failure to comply with instructions and cancellations could delay the treatment time and seriously affect the success of the treatment. Good communication is essential for successful treatment.

No guarantee: It is difficult to give guarantees or assurances of any sort as to the results that may be obtained. Although most conditions respond well to treatment, general health, stress, degree of tissue injury, posture, age, and work habits can affect the outcome and total resolution may not always be possible. Many other health / medical factors can also contribute to craniofacial issues.

A complete cure for TMJ pain / craniofacial pain / related symptoms is not likely to happen. In many cases, we improve the lives of our patients by simply managing the problem so that their symptoms are much more tolerable. But the reality is we do not know for sure until we try. You may get better. You may get worse. You may develop new problems.

Since Dr. Harper uses many conservative options, that can take time to work, patience is necessary. Many of these options are diagnostic as well as therapeutic. Any estimation of treatment time is simply an estimate.

Some TMJ and craniofacial pain conditions may never respond well to any treatment, or may be unstable and require continued treatment and care. It is very difficult to determine the exact situations in which this occurs. In these challenging cases, our goal will be to try to achieve tolerable comfort and function.

Every case is different: Imaging is an important part of the diagnostic procedure and record keeping. Therefore, obtaining or taking the necessary images prior to treatment and during treatment may be indicated.

Your treatment may involve the fabrication and maintenance of various appliances that may cover either the upper or lower teeth. In addition, supplementary care may include various physical therapy modalities (at the office or by a physical therapist), trigger point injections, exercises, and various medications. Adjunctive care by other practitioners may be indicated. Other tests or studies may be necessary.

Since stress is commonly a contributing factor to pain anywhere in the body, stress management may also be indicated.

Length of treatment may vary according to the complexity of your condition. If there is not an adequate initial response, further medical diagnostics may be requested. These fees will be in addition to those incurred at this office.

Side effects: As with any medical and dental treatment, unusual occurrences can and do happen. These possibilities can include tooth movement, loosened teeth or dental restorations, sore mouth, periodontal problems, muscle spasms, chipping or breaking of weak tooth structure, ear pain, and head and neck pain.

In the event the administration of anesthetics such as injections are used, you should be aware that there may be side effects such as prolonged numbness of the area, nerve and tissue damage, hematomas, and discomfort following the procedures.

Patient Printed Name _____

Patient Signature _____ Date _____



There may be certain shifts in the position of your teeth or the relationship of one jaw to another. Depending on the nature of your original problem, these alterations of tooth or jaw position may not be reversible. Thus, additional care may be necessary, for example bite adjustment, braces, bridgework, etc... In the above-mentioned situations, additional dentistry may have to be performed at your expense.

Other factors: Keep in mind that many TMJ pain / craniofacial pain / related symptoms can be directly related to many other conditions including but not limited to airway, orthopedic, sleep and neurologic disorders, diet, medications, physical / mental / emotional stress. If the TMJ pain /craniofacial pain / related symptoms are due to sleep disordered breathing or sleep apnea, or related conditions, then TMJ therapy may not change your condition.

No treatment: Not treating craniofacial conditions and / or not properly addressing related conditions may cause perpetuation of symptoms with concomitant degenerative joint changes, alteration of tooth and muscle physiology and continued discomfort.

Our Recommendation: Dr. Harper will explain to the nature, purpose, benefits, risks, and alternatives to treatment. If at any time you are not comfortable with the explanations or treatment options, you understand that you should ask questions until you are comfortable and ready for the proposed treatments.

If you do not agree with any of the proposed treatment options, then you should seek another opinion from another health practitioner.

Dr. Harper does not prescribe pain medication. Dr. Harper does not write letters for Disability.

Improvement is not guaranteed. There are no refunds of any fees for any reason.

- **Please bring your Medical Insurance cards with you to your appointment.** We are in network with Anthem BCBS, Optima, United, and Tricare **medical insurance** which means that it is likely insurance will help to pay for your care. However, there is no guarantee that your insurance will pay for any part of your evaluation or care.
- If you have a different medical insurance carrier or no medical insurance, your first visit with us will be the cash fee of **\$310 which includes a panoramic radiograph and evaluation.** Cash fee for basic follow-up visits are \$125.
- Most patients need 2 appointments to determine a plan that may help them.
- Any additional diagnostic steps or treatment, including but not limited to splints / diagnostic imaging / additional appointments will incur additional fees
- There will be additional fees for consultations that exceed the normal time of a typical office visit.

BOTH PAGES OF THIS FORM MUST BE SIGNED AND DATED BEFORE EVALUATION AND / OR TREATMENT BEGINS.

Patient Printed Name _____

Patient Signature _____ Date _____