

Smile Solutions
Guy A. Spinner DDS
631-288-9000

TMJ INFORMED CONSENT

Disorders of the Temporomandibular Joint can mimic other dental and medical problems. A proper diagnosis regarding head and neck pain is very important because serious medical problems such as vascular disorders, brain tumors, cervical disc disorders, etc. can produce symptoms similar to TMJ disorders. It is important to inform our office of any change in your health history form that was previously provided.

Length of treatment may vary according to the complexity of your condition. Treatment times may vary from the initial estimate. Although most conditions respond well to treatment, general health, stress, degree of tissue injury, posture, age, work habits, and bite relationship effect the outcome and total resolution may not always be possible. Estimated time for treatment for phase one can be up to twenty-four (24) months. In general, the treatment plan will be more lengthy and complicated if the problems existed for a long time.

As with any medical and dental treatment, unusual occurrences can and do happen. These possibilities could include minor tooth movement, loosened teeth or dental restorations, sore mouth, periodontal problems, muscle spasms, ear pain, and neck pain. Any of the above mentioned complications are rare, but theoretically may occur. Dr. Spinner and his staff have explained to me the nature, purpose, benefits, and risks of, and alternatives to neuromuscular/cranio-mandibular orthopedic treatment.

Good communication is essential for successful treatment. Please feel free to discuss any questions you may have regarding your problems or treatment.

Referrals to other professionals, such as physical therapists, nutritionists, chiropractors, medical doctors, neurologists, or ear-nose-throat specialists may be indicated and necessary for successful treatment. In order to avoid set backs in your progress, do not seek out these services without Dr. Spinner's knowledge and approval!

I consent to the taking of photographs and x-rays before, during and after TMJ treatment, as they are a necessary part of the diagnostic procedure and record keeping. I further give permission for the use of these photographs, x-rays and records to be used for the purpose of research, education or publication in professional journals.

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 could delay the treatment time and seriously affect the success of the treatment.

Please be advised that your orthotic is to be considered a diagnostic-orthopedic appliance which is used to relax the musculature so a proper musculo-skeletal relationship can be maintained. This is assuming that the you have complied 100% by wearing your appliance 24/7 and you do not take it out for any other reason other to clean it. I have also been advised that my orthotic is only the first step to resolve my neuromuscular and TMD disorder and that this treatment is mostly **irreversible** after 1 month. After that, my options are as follows:

The second phase of treatment will require one of the following procedures:

- Crown and / or bridge restorations (non-removable tooth replacement options) with our without implants (surgically implanted root replacements)
- Orthodontia (braces)
- Combination of crown and / or bridge restorations and orthodontia
- Removable partial or complete dentures with or without implants
- A semi-permanent orthotic

Please be advised that the fee for your orthotic includes adjustments for a three (3) month period of time. If your case requires additional adjustments beyond that time period, the fee of \$300 per adjustment will be charged. If you lose your appliance there will be a \$2000 fee for replacement.

I certify that I have read or had read to me the contents of this form and do realize that risks and limitations are involved. I do consent to treatment by Dr. Spinner.

Patient's _____ or _____
Signature: _____ Date _____

Guardian's

Witness'
Signature _____ Date _____

Smile Solutions
16 Old Riverhead Road
Westhampton Beach, New York
11978