



Bullhook Dental Center

220 3rd Ave Suite 404, Havre, MT 59501 • Phone: 406.265.3021 • Fax: 406.265.4815 • www.bullhook.com

INFORMED CONSENT FOR DENTAL PROPHYLAXIS

Patient: _____

It has been recommended by your general dentist at the Bullhook Community Health Center that you receive a prophylaxis (cleaning) by a Registered Dental Hygienist.

Dental cleanings are essential for maintaining health in your mouth. Overtime, bacteria, food debris, and calcified (hardened) material can accumulate on your teeth that your tooth brush cannot remove. Some people get this accumulation much quicker and in greater amounts than others. It may be recommended that you receive professional cleaning every 3, 6 or 12 months depending on your level of need.

At the appointment:

1. Removal of plaque and calculus with metal instruments and/or ultra-sonic scalers
2. Coronal polishing
3. Flossing of teeth
4. Taking of radiographs (X-Rays)
5. Application of fluoride
6. Provide Oral Hygiene Instruction

Benefits:

Remove plaque and calculus that can aid in development of cavities or gum disease

Instruct patient in proper homecare

Prevent pre-mature loss of teeth from gum disease

Make teeth more resistant to cavities with the application of fluoride

Risks:

Teeth may become sensitive to air, hot or cold stimuli

TMJ (Jaw Joint) may become tender due to prolonged mouth opening

Tenderness may be present in the gums for a short time after a cleaning

Estimated Costs for appointment (may change without notice):

Adult Prophylaxis: \$68.00

Child Prophylaxis: \$51.00

Fluoride Application: \$28.00 to \$32.00

Bitewing radiographs: \$49.00

I acknowledge that all procedures and costs have been explained to me and I give my consent for treatment.

Patient: _____ **Date:** _____