

CHAD KASPEROWSKI
DMD



POOJA KASPEROWSKI
DMD

CONSENT TO OCCLUSAL EQUILIBRATION

I have sought or have been referred to Dr. Kasperowski for occlusal equilibration, which I understand is a means of altering the bite or contact surfaces of some or all of my teeth, so that when my teeth come together, the jaw hinge, or temporomandibular joints are in good anatomical position. I fully understand the importance of the history which I have given to Dr. Kasperowski which together with his examination indicates that my symptoms which I have reported to Dr. Kasperowski may be improved and may be eliminated. I understand that the Doctor does not guarantee the results after changing the bite surfaces of my teeth. In fact, I have been informed that there are possible complications which, although not likely to occur, may occur despite the exercise of the Doctor's greatest skill and care.

These include:

- loss of some tooth enamel, the possibility that a tooth or teeth may prove unsound and require restoration, including the replacement of existing restorations
- that a tooth or teeth may require rebuilding by removing even greater amounts of tooth structure and replacing it with a crown

I further understand that additional dental treatment may be required in the future terms of additional equilibration, and any and all additional recommended dental care and treatment as set forth in Dr. Kasperowski's treatment plan, if one has been discussed and agreed upon. I also understand that if extensive equilibration is required, that there may be some change in the appearance of the teeth and mouth, and some increased sensitivity to temperature extremes. Dr. Kasperowski has explained to me that there are other approaches to therapy, such as: splint therapy, orthodontics, and orthographic surgery. I understand that if any of these approaches were used, several hundred dollars of additional diagnostic aid would be necessary, namely: hinge axis location, and arthrography. Although all these options have been discussed and offered to me, I have rejected them in favor of direct equilibration. Finally, I have received literature explaining occlusal equilibration which has been read and understood.

I full consent to receiving occlusal equilibration from Dr. Kasperowski. And to pay all reasonable and necessary charges which have been previously and fully explained to me.

Patient/guardian

date

Witness

date