

# REVIVE

---

## SMILES DENTISTRY

259 Yale Avenue North, Seattle, Washington 98109  
phone: 206.829-8565 fax: 206.739.5797  
admin@revivesmilesdentistry.com

### Treatment Explanations

**Dental Exams:** Examination of the teeth and gums by a licensed dentist. This is done to look for cavities, gum disease, infections and any abnormalities in the mouth. By law, all patients in our clinic must have a dental examination.

**Oral Cancer Exam:** Checking for cancer which may be in the form of unusual lumps, sores that do not heal or growths inside the mouth, on the face and or in the lymph nodes (glands).

**Radiographs:** X-rays or pictures of the teeth and of the jaw. These are taken to check for cavities, loss of bone supporting the teeth, tumors, or other problems which can not be seen by the eye. The person having x-rays taken is exposed to very minimal radiation during this procedure. X-rays are not recommended for women in their first 3 months of pregnancy and are usually only used for emergency purposes throughout the entire pregnancy. Please inform the clinician if you are or may be pregnant or if you have had radiation treatment in the past.

**Prophylaxis:** (*cleaning of teeth*) Removal of hard and soft deposits (tartar) from the tooth and roots. It also includes the removal of any surface stains. Teeth and gums can be sensitive following a cleaning.

**Fluoride Treatment:** Application of this decay-preventing solution to the teeth. A very small number of people are allergic to fluoride. If the fluoride is swallowed, people occasionally experience a minor side effect of nausea. This can be corrected by immediately drinking milk or taking an antacid such as Tums.

**Scaling:** (*periodontal debridement*) This is the basic procedure of removing hard and soft deposit (calculus, tartar stain, plaque) from the surface of the teeth both above and below the gums with hand and/or mechanical instruments.

**Root planing:** The meticulous removal of residual hard deposits and altered root tissues to leave a smooth surface. This procedure is often performed on one quarter of the teeth at an appointment, unless otherwise recommended.

**Ultrasonic Scaling:** A tool with a high frequency sound vibration that is used to remove hard deposits from teeth. The use of this tool is not recommended for people with contagious diseases or those with older style pacemakers. The clinician needs to be informed if the patient has a pacemaker, so we can call the patient's physician to be sure it is okay to use this tool.

**Local Anesthesia:** (*injection, shot*) Temporary numbing of an area with anesthetic solution. Although side effects from receiving local anesthetic are rare, they may include: swelling, bruising, temporary muscle tightening, temporary or permanent tingling, or numbing of the nerve of the tongue or lip, localized pain or soreness, allergic reaction to the anesthetic solution, short term racing of the heart. The clinician or dentist needs to be informed if you or any one in your family has ever had difficulty with anesthesia during a surgery. This might mean the patient could have a type of hereditary problem with certain anesthetics.

# REVIVE

SMILES DENTISTRY

259 Yale Avenue North, Seattle, Washington 98109  
phone: 206.829-8565 fax: 206.739.5797  
admin@revivesmilesdentistry.com

## Treatment Explanations cont.

**Nitrous Oxide:** (*laughing gas*) Breathing of nitrous oxide gas used to relax a patient during treatment. This is not recommended for the following: women in their first three months of pregnancy; people who have asthma triggered by dry air; people taking certain tranquilizing medications; people who feel they must always be in control; and people with colds or coughs; TB; bronchitis or emphysema (if the patient cannot tolerate high levels of oxygen); substance abuse or recovering substance abuse patients.

**Sealants:** An application of a plastic material to fill the grooves on the chewing surfaces of the teeth. This is done to prevent cavities. One reason not to apply a sealant is if there is a visible cavity on the tooth.

**Margination:** Smoothing of the edges of a filling which does not fit evenly with the tooth or root surface. It is smoothed down to help prevent infection in the gums and to help prevent a new cavity under a rough edge. This will help the filling last longer. There is a chance that a filling which has a cavity under it or has a tiny crack could break during this treatment. If the filling can not be smoothed, it usually needs to be replaced.

**Restorations:** (*filling*) Removal of a cavity (decay) or repair a fracture in a tooth and filling the hole with dental materials. This is done to prevent further damage to the tooth. A possible side effect of this might include sensitivity when chewing, long term tooth sensitivity or even need for root canal treatment, if the decay has previously damaged the nerve of the tooth. Occasionally, a very large filling is placed on a tooth instead of capping (crowning) the tooth. In this case, there is always a chance for the filling or tooth breaking. These large fillings are done to postpone capping the tooth and cannot be guaranteed against breaking.

**General Risks:** All dental treatment may involve risks as mentioned above. Risks other than those mentioned above occur rarely. These risks include, but are not limited to: bleeding; blurred vision; aspiration of water; dizziness; bruising-localized swelling; temporary numbing and minor to severe allergic reactions.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_