

Temporomandibular Joint Dysfunction Treatment Informed Consent

Patient _____ Date _____

You have been diagnosed with TMD and the treatment plan described below was suggested to you to help you with this situation.

If you decide to go ahead with treatment, you will be fitted with a pair of Dental Orthotics; One for the daytime and one for the nighttime. By wearing one of these at all times, your jaw will be help in a natural position to allow your body to begin the healing process. Your treatment may also include: low level laser therapy.

Our two main goals in Phase I in Treating TMD are:

1. Increase Function; i.e.: eating, talking and increased Range of Motion
2. Reduction of Symptoms; i.e.: pain, sore muscles and headaches

If you follow our treatment, you should notice a significant improvement within the first few weeks of wearing your orthotics.

This treatment is for 10 to 12 wks, we will attempt to wean you off the daytime Orthotic at that time .We will then reassess and discuss for future treatment if needed.

You will be required to visit us every 2-3 weeks to monitor your progress and to make adjustments as necessary. We often suggest co-treatment with other Health Care Practitioners such as Physiotherapy, Chiropractic, Massage therapy, Acupuncture etc...We will advise of your need for this as your treatment progresses.

Our TMD treatment Plan is Non-Surgical, Non-Invasive, Totally Reversible and Drug Free approach to reduce head and jaw pain.

The possible side effects of TMD/Sleep treatment include:

Bite changes, drooling, dry mouth, jaw joint noises, muscle tightness, slight teeth movement and puffy gums.

Improved range of motion, improved sleep, reduced jaw joint noises, different jaw joint noises and reduced pain and posture changes.

Dr Goodfellow and staff have discussed all possible alternatives, benefits and side effects of my treatment.

All possible other treatments modalities and side effects have been discussed.

I understand them all.

Our fees for the entire Phase I is \$ _____. Some dental Insurance plans cover a portion of the costs. We will advise your plan of our intended course of action.

The patient also agrees and understands that orthotics, day and night should not be worn unless supervised by our practice.

SIGNATURE

Temporomandibular Joint Dysfunction Treatment Financial Arrangement

The responsibility for the cost of the program rests with the patient and we expect you to pay us directly. Financial arrangements can be made to facilitate this for you. We will fill out the appropriate dental insurance claim forms but it is up to you to submit the fees to your Insurance Company.

Patient's acceptance of the concept of TMD Phase 1 and the financial arrangements are signified by the signing of this letter.

SCHEDULE OF PAYMENTS

TMD RECORDS	_____
TMD TREATMENT	_____
TOTAL PAYMENT	_____

Payments can be made by either credit or debit

Patient Signature

Date