

Temporomandibular Disorder Consent Form

Atlanta Dental Group PC

Patient Name:

I understand that Temporomandibular Disorders are not cured and that they are managed. The goal of my TMD therapy is to reduce my pain and to allow me to become more comfortable with my disorder.

I understand that Dr. Padolsky offers no guarantees of success. He and his staff promise to do their best in assisting me to manage my Temporomandibular Disorder problem.

My initial TMD program involves a **six weeks** evaluation period and includes **four** visits. I agree to **comply** with Dr. Padolsky's instructions and if I can not comply, I will inform Dr. Padolsky, or his assistant, of any problem.

I am aware that additional treatment may be needed after my soft guard therapy and that all TMD treatment after this six week TMD program is at an additional cost to me.

I am aware that I have the option of changing my bite after initial therapy.

I understand that it is my responsibility to arrange, pay for and receive any additional necessary care, such as medical evaluation, chiropractic evaluation, physical therapy, and/or massage therapy.

I understand that I may later choose to have additional dental therapy including (but not limited to) orthodontics and/or dental reconstruction.

Patient Signature:

Date:

Witness: