Tuan M. Nhu, DDS

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GERMANTOWN DENTAL VILLAGE

OCCLUSAL EQUILIBRATION

I hereby consent to a bite adjustment by Dr. Tuan Nhu. I understand that Dr. Nhu is not a "TMJ specialist" and understand that there is no official specialist for "TMD therapy" acknowledged by the American Dental Association at this time.

I also understand that adjusting my bite does not treat temporomandibular joint dysfunction or gum disease, but it plays a supportive role in providing stability at this point in time to minimize unbalanced stresses to the joints and teeth. The cause of TMJ problems is currently understood to be due to multiple factors including stress, underlying medical conditions like arthritis and fibromyalgia, lower wisdom tooth extractions, some personality traits, psychological disorders, hormonal changes, trauma, and bruxism ("grinding or clenching"). Severe misalignment of the jaws and teeth may also be a cause of TMD if other factors also exist.

I acknowledge that I understand the following:

- The treatment for malocclusion ("bad bite") disorders can be done by moving my teeth with braces, grinding the tops of my teeth, or by restoring my teeth with dental materials like porcelain, plastic, or gold.
- Once a joint has been injured, it will never be "normal" again; signs or symptoms may get worse with therapy. Therefore, the goal of bite therapy is not to treat joint noises, pops, or clicks.
- My bite may need to be refined, restored, or readjusted as I age.
- A "bite adjustment" or equilibration is never fully finished because my jaw joints, jaw bones, and teeth continue to change.
- Risks of bite adjustment therapy are, but are not limited to, worsening of the symptoms, tooth sensitivity, and the need for dental fillings or crowns to restore adjusted teeth. Additional problems that can occur during bite adjustment therapy include, but are not limited to: breakage or loosening of teeth and/or fillings, gum and bone problems, root length loss, pulpal death, muscle spasms; ear, face, neck, head, or back symptoms; numbness; or normal side effects of prescribed or recommended medications.

I understand the recommended treatment for my condition, the risks of such treatment, any alternatives and risks, as well as the consequences of doing nothing. All of my questions have been answered, and I have not been offered any guarantees as to the outcome of treatment.

Patient Signature: _____ Date: _____

Doctor Signature: _____ Date: _____

Witness: _____ Date: _____