



PROCEDURAL CONSENT

Patient Name: _____ **DOB:** _____

This section is a procedural consent. Although there are multiple procedures listed below, please review the specific procedures on your child's treatment plan previously discussed with you.

1) Composite Fillings/Restorations

I understand that my child may need filling(s) and that all fillings will be in a tooth colored shade. I have been advised of the need for composite(resin) fillings, to replace lost tooth structure due to decay. I understand that care must be exercised in chewing with fillings, especially during the first 24 hours, to avoid breakage. I understand that a more extensive filling than originally diagnosed may be required due to additional decay. I understand that significant sensitivity is a common after-effect of a newly placed filling. If the sensitivity continues, I understand that a root canal may be needed, even though the tooth may not have hurt prior to the filling being placed. I understand that this office does NOT do any amalgam(silver) restorations.

Initial _____

2) Crowns

I understand that four options are available for teeth requiring crowns. They are as follows:

Stainless Steel Crowns(SSCs) are the more durable of the two options and can withstand maximal forces for chewing. They require minimal reduction of your child's tooth, but are the least aesthetic.

NuSmile Crowns(NSCs) have resin on the front or chewing surface of the crown and stainless steel on the back/sides of the crown. NSCs are durable because of the underlying stainless steel and aesthetic due to the resin. The few negatives to this type of crowns are as follows: only one color is available, requires more reduction of the tooth, crowns, and on occasion, the resin may fracture off the crown.

Resin Based Crown: Your child is having a resin crown which is a tooth of colored filling material wrapped completely around their tooth. The advantage of this restoration is the aesthetics and the disadvantage is that it is fragile. Your child will need to be careful when biting into anything hard.

When a tooth is damaged by decay and a filling will not be effective, a crown may be placed. I understand that after placement of a temporary or permanent restoration, my child's tooth may be temporarily sore or uncomfortable. Occasionally the pulp(nerve tissue) may be irritated by the preparation process from prior trauma or decay, this may make the tooth extremely sensitive. I understand that, if this persists, root canal or extraction therapy may be necessary at an additional charge.

Initial _____

3) Extraction/Removal of teeth

-I understand that if my child's tooth is abscessed the only recommended treatment alternative is an extraction. I understand that removing teeth may not always eliminate the infection and further treatment may be needed. I understand that not extracting abscessed teeth may lead to severe infection requiring hospitalizations.

-I understand the risk of having teeth extracted are as follows: bleeding soreness from holding the mouth open, pain, swelling, spread of infection, dry socket, exposed sinuses, loss of feeling on other teeth, lipos, tongue, and surrounding tissue that can last for an unlimited time. I understand that other teeth in close proximity may be inadvertently loosened or extracted.

Initial _____

4) Appliances/Space Maintainer

-Space maintainers help “hold space” for permanent teeth. Your child may need one if he or she loses a baby tooth prematurely, before the permanent tooth is ready to erupt. If a primary tooth is lost too early, adult teeth can erupt into the empty space instead of where they should be. When more adult teeth are ready to come into the mouth, there may not be enough room for them because of the loss of space. If a tooth is lost on one side of the jaw, a unilateral(one-sided) spacer called a band and loop is used. If teeth are lost on both sides of the upper or lower arch, a bilateral(two-sided) space maintainer is used. Proper brushing and flossing is imperative while space maintainer is in place. If teeth and gums are not properly cleaned, cavities and sore gums can easily develop.

-I understand that any appliance requiring an impression must be seated in a timely manner or the appliance may not fit. I understand it is my responsibility to bring my child for the delivery of the appliance. I understand that failure to make and/or keep delivery appointments may result in poorly fitting appliances. If a remake is required due to my delay of more than 30 days there will be additional charges.

-I understand that it is my responsibility to monitor the hygiene and dietary habits of my child in order to prolong the life of the appliance and prevent decay underneath the bands of the appliance. I understand that my child needs to refrain from eating any substance that may cause the appliance to become loose(e.g. Gum, sticky candy or substances, etc.)

Initial _____

5)Sealants

Sealants are a flowable plastic material that is flowed into and bonded to the deep grooves that occur on the chewing surfaces. These procedures help prevent cavities from occurring in the pits and fissures in the chewing surfaces on primary and permanent teeth. Sealants are intended for surfaces of the teeth. They do not protect against decay on the surfaces between the teeth that can only be reached with the flossing.

Initial _____

BEHAVIOR MANAGEMENT

I understand there are various techniques available for behavior management and each one has an associated fee as per the treatment plan. The techniques are as follows:

1. Communicative behavior management techniques that include Tell-Show-Do, distraction techniques, positive reinforcement, modified voice control and non verbal communication etc.
2. Protective stabilization
Active Protective Stabilization: is the physical limitation of a patient’s movement by a person, restrictive equipment, materials or devices for a finite period of time. Two types of protective stabilizations are: -Passive: Which utilizes retraining devices such as a papoose board. This will NOT be used today.
Active: Which involves the physical limitation of movement by another person, such as the parent or guardian, dentist, or dental assistant.
3. Nitrous Oxide: I elect for my child to receive nitrous in conjunction with their dental treatment. I understand that some of the possible side effects include: nausea, vomiting, dizziness, and headaches. I understand that nitrous is not indicated for pregnant females.
4. Pharmacological Advanced Behavior Guidance Techniques that includes pediatric moderate sedation and general anesthesia

ACKNOWLEDGEMENT & SIGNATURE

I acknowledge no guarantee or assurance has been made by anyone regarding dental treatment which I have requested and authorized. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction. I consent to proposed treatment.

Parent/Legal Guardian Name

Date

Parent/Legal Guardian Signature

