Informed Consent for Pediatric Dental Procedures

Rev. 12/2014

Caring Tree Children's Dentistry
Inspiring Healthy Habits That Grow With Your Child

Informed consent indicates your awareness of sufficient information to allow you to make an informed personal choice concerning your child's dental treatment after considering the risks, benefits and alternatives. Please read this form carefully and ask about anything you do not understand. We will be pleased to further explain it to you.

Local Anesthetics: Numbness may last for several hours following treatment and I understand that I must watch my child closely and follow all post-operative instructions to help prevent them from biting or otherwise injuring his/her lip, tongue or cheeks. Other risks associated with local anesthetic include possible allergic reactions, a black and blue bruise at the injection side, indefinite numbness of the injected area, or temporary heart palpitations.

Radiographs (Xrays): I understand that radiographs are required in order to provide the best treatment for my child. I understand the radiation from 4 Xrays are approximately equal to a few hours a day out in the sun. The Dentist and the staff members make every attempt to limit the radiation exposure to my child.

Fillings: I understand that a more extensive filling than originally diagnosed may be required due to additional decay. I have been advised by the Dentist and/or the staff members that the silver amalgam is an acceptable procedure according to ADA guidelines and, as such, is a treatment used by this office. I understand that composite (white/resin) fillings may not be a practical alternative to metal fillings in all cases and that any insurance benefit that my child has may not cover the procedure and I may be responsible for the charges personally.

Sealants: I understand sealants act as a barrier protecting the teeth against decay-causing bacteria. The sealants are usually applied to the chewing surfaces of the back teeth (premolars and molars) where decay occurs most often. Sealants may periodically come off and may need to be replaced a/o repaired.

Fluoride: I understand that while application of topical fluorides will significantly decrease the number of cavities my child may develop and may not prevent all decay. The effectiveness of fluoride will be influenced by the oral care and diet received at home.

Pulpotomy (nerve treatment): I understand that a pulpotomy or pulpectomy is necessary when the decay in the tooth reaches the nerve. This procedure will help prevent the tooth from becoming infected, or will help cure a tooth that is already infected. This procedure may be referred to as a root canal on baby teeth; however, it is less involved and faster than permanent tooth root canal treatment and is successful over 90% of the time. If it fails, I understand that the Dentist may need to extract the tooth and place a space maintainer. If the pulpotomy is not performed, my child may lose the tooth and the mouth may become swollen and infected.

Nitrous oxide: I authorize the Dentist to administer nitrous oxide (laughing gas) to my child during his/her dental treatment. Nitrous Oxide is used to help my child relax and make him/her less anxious. It is possible that my child may experience nausea.

Crowns: I have been informed that my child needs to have a crown on one or more teeth. I understand that the dentist prefers to use stainless steel (silver colored) crowns because of their strength and reliability. As an option, I can request a white crown or ask that white materials be applied to the stainless steel crown (white facing).

Space maintainer: I have been informed that a space maintainer is needed when a baby tooth is lost before it is normally ready to fall out. The space maintainer holds the space open so that the permanent teeth will be able to come in properly. If the space maintainer is not placed the teeth will shift, causing the permanent teeth to erupt crooked, or fail to erupt. While the space maintainer will not guarantee straight teeth, I understand that not using one could result in a more difficult orthodontic problem that takes longer and is more expensive to treat.

Extraction (removal of tooth): Alternatives to tooth removal have been explained to me (fillings, crowns, root canal treatment) and I authorize the Dentist to remove the teeth indicated in my child's treatment plan. I understand that tooth removal does not always cure infection, if present, and it may be necessary to have further treatment. My child may experience pain, swelling, and bleeding as a result of the extraction(s). I will follow the post-operative instructions provided to me.

Photos: I authorize and consent to the use of my child's visual image for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications, and websites. These purposes could be for educational or promotional uses. I give this consent with no claim for payment.

I understand that dentistry is not an exact science and therefore, reputable practitioners cannot properly guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment which I have requested and authorized. Additionally, providing a high quality of care can sometimes be made very difficult, or even impossible, because of the lack of cooperation of some child patients. Some behaviors will be age-appropriate for the child and some may not.

All efforts will be made to obtain the cooperation of child dental patients by the use of warmth, friendliness, persuasion, humor, charm, gentleness, kindness and understanding.

There are many behavior management techniques used by pediatric dentists and approved by the American Academy of Pediatric Dentists to gain the cooperation of child patients to eliminate or reduce disruptive behavior or prevent patients from causing injury to themselves due to uncontrollable movements. The most frequently used pediatric dentistry behavior management techniques used in this office can be summarized as follows:

TELL-SHOW-DO: The dentist or assistant explains to the child what is to be done using simple age-appropriate words. Secondly, the child is shown on a model, or the finger. Lastly, the procedure is performed for the child as described.

POSITIVE REINFORCEMENT: This technique rewards behavior that is desirable. Desirable behavior is rewarded with a compliments, praise, a pat on the back or other prize.

VOICE CONTROL: The attention of a disruptive or uncooperative child is gained by changing the tone or increasing the volume of the dentist's voice. Content of the conversation is many times less important than the abrupt, sudden or strict nature of the command.

MOUTH PROPS: A rubber or similar type device is placed in the child's mouth to prevent closing and possible injury when a child refuses or has difficulty maintaining an open mouth.

PHYSICAL RESTRAINT BY THE DENTIST, DENTAL ASSISTANT OR PARENT: The dentist or assistant (under direction by the dentist) restrain the child from movement by holding the child's hands, stabilizing the head, and/or controlling leg movements.

PAPOOSE BOARD AND PEDI-WRAP: These are restraining devices for limiting the disruptive movements of a child in order to prevent injury and to enable the dentist to provide the indicated treatment. The child is wrapped in one of these devices, which is placed on a reclined dental chair.

SEDATION: Various drugs are used to relax a child who does not respond to other behavior management techniques or who is unable to comprehend or cooperate for dental procedures due to his/her age or mental maturity. These drugs are administered orally along with Nitrous Oxide-Oxygen gas. The child does not become unconscious, but your child may fall asleep. Your child will **not** be sedated without a further discussion with you.

The listed pediatric dentistry behavior management techniques have been explained to me. Alternative techniques, if any, have also been explained to me, as have the advantages and disadvantages of each. I hereby authorize and direct Dr Kucera a/o Dr Horlick and dental auxiliaries of his/her choice, to utilize the behavior management techniques listed on this consent form to assist in the provision of the necessary dental treatment for my child (or legal ward). I hereby acknowledge that I have read and understand this consent, and that all questions about behavior management techniques described have been answered in a satisfactory manner. I understand that I have the right to be provided with answers to questions, which may arise during the course of my child's treatment. I further understand that this consent shall remain in effect until terminated by me.