

## Consent for Treatment

We are required to obtain your consent for your child's contemplated dental treatment. Please read this form carefully and ask questions about anything you do not understand.

**Initials of the Patient or Patient Representative (if under the 18 years of age) are required in the blank lines in the left columns.**

\_\_\_\_\_ **In general terms, your child's initial visit will include (or included if already complete):**

Examination, x-rays, and diagnosis as directed by the doctor  
Professional dental cleaning and fluoride treatment

\_\_\_\_\_ **After being informed of and accepting the doctor's diagnosis, further treatment may include:**

Administration of local anesthetic  
Placement of rubber dam and mouth prop  
Dental restorations (including fillings, crowns and nerve treatment)  
Application of sealants  
Removal (extraction) of one or more teeth  
Treatment of diseased/injured oral tissues (hard or soft)  
Dental impressions for the replacement of missing teeth with space maintainers  
Completion of diagnosis

\_\_\_\_\_ **In the case of an apprehensive or disruptive child, behavior modification techniques may include:**

Administration of nitrous oxide or sedative agent drugs to reduce apprehension or disruptive behavior (Refer to Form: **Informed Consent Discussion for Anesthesia/Sedation**)  
Use of the Tell-Show-Do method to educate the child about the procedure  
Voice control management  
Hand over mouth technique to muffle noise so that a vocal child can hear directions  
Use of the papoose board to control arm and leg movement for safety.

**Some risks are known to be associated with dental or oral surgery procedures, although the occurrence is rare. These risks are listed below:**

\_\_\_\_\_ **Local Anesthetics**

Anesthetizing agents are infiltrated into a small area or injected as a nerve block directly into a larger area of the mouth with the intent of numbing the area to receive dental treatment.

Risks include, but are not limited to: Infection, swelling, allergic reactions, discoloration, headache, tenderness at the needle site, dizziness, nausea, vomiting, or biting of the cheek, tongue, or lip. It is normal for the numbness to take time to wear off after treatment, usually two or three hours. However, it can take longer and rarely the numbness is permanent if the nerve is injured.

Potential benefits: The patient remains awake and can respond to directions and questions. Pain is lessened or eliminated during the dental treatment.

\_\_\_\_\_ **Restorations/fillings**

Risks include, but are not limited to : Sensitivity to temperature change, abscess or necrosis of nerve, tooth may chip fracture away from restoration, restoration may separate from tooth , restoration may chip or fracture.

\_\_\_\_\_ **Radiographs/x-rays**

Exposure to x-ray radiation (minimal)

I have been advised that although good results are expected, the possibility and nature of complications cannot be accurately anticipated. I have read the above information and asked all questions pertaining to the procedures listed. My questions have been answered in a satisfactory manner. I hereby authorize and direct Dr. David C. Adams and/or his Specialty Associates, assisted by auxiliaries of his choice, to perform dental services for my child or legal ward.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date