

## DENTAL TREATMENT CONSENT FORM

Please read and initial the item checked below and sign the section at the bottom of the form.

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

### 1. WORK TO BE DONE

I understand that I am having the following work done:

- ☐ Sealants      ☐ Silver Diamine Fluoride      ☐ Extractions      ☐ Fillings      ☐ General Anesthesia  
☐ Pulpotomy      ☐ Stainless Steel Crown      ☐ Other \_\_\_\_\_

### 2. DRUGS AND MEDICATIONS

I understand that antibiotics and analgesics and other medications can cause reactions causing redness and swelling of tissues, pain, itching, vomiting, and /or anaphylactic shock (severe allergic reaction).

### 3. CHANGES IN TREATMENT PLAN

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination, the most common being root canal therapy following restorative procedures and periodontal surgery might need bone or guided tissue graft. I give my permission to the Dentist to make any /all changes and additions necessary. I understand that I will be responsible to any financial charges that may be added to my original treatment.

### 4. NITROUS OXIDE/OXYGEN

It is a blend of two gases, oxygen, and nitrous oxide. This technique is very safe, effective method for treating children's dental needs. The use of nitrous oxide sedation helps increase the patient's level of comfort allowing cooperation during dental procedures.

### 5. XYLOCAINE/LIDOCAINE

They are local anesthetics that are used to block the sensations or feelings in the tooth. The effects generally subside in 2 – 3 hours after treatment is completed.

### 6. ORAVERSE

It is an injectable product that speeds up the reversal of numbness in the lips and tongue after a dental procedure where a local anesthetic with a vasoconstrictor was used. It is administered by the dentist the same way the anesthetic is given. Please indicate if you would like to consent to treatment.

### 7. SEALANTS

Tooth # \_\_\_\_\_

Dental sealant is a thin, plastic coating painted on chewing surface of teeth-usually the back teeth (the premolars and molars)-to prevent tooth decay. The sealant quickly bonds into the depressions and grooves of the teeth, forming a protective shield over the enamel of each tooth.

### 8. SILVER DIAMINE FLUORIDE (SDF)

Tooth # \_\_\_\_\_

Silver diamine fluoride (SDF) is a colorless liquid that at pH 10 is 24.4% to 28.8% (weight/volume) silver and 5.0% to 5.9% fluoride. SDF offers the possibility of stopping the progression or arresting caries lesions without removal of sound tooth tissue. In addition, SDF appears to remineralize dentin. The effectiveness of the treating carious lesions with SDF is demonstrated by the increase in mineral density of the previously carious tissue.

### 9. FILLINGS

Tooth # \_\_\_\_\_

A composite resin dental filling is a tooth-color product made from a mixture of acrylic resin and powdered particles similar to glass. This filling is used to treat cavity, which is tooth decay. To get rid of the decay, the dentist cleans out the damage portion of the tooth and puts in a filling to cover the area.

**10. EXTRACTIONS (REMOVAL OF TEETH) Tooth # \_\_\_\_\_**

Alternatives to removal have been explained to me (Pulpotomy, Stainless Steel Crown). I authorize the Dentist to remove the necessary teeth and any others necessary for reasons in paragraph #3. I understand that removing teeth does not always remove all of the infection, if present, and it may be necessary to have further treatment. I understand the risks involved in having teeth removed, some of which are pain, swelling, spread of infection, dry socket, loss of feeling in my teeth, lips, jaw, tongue and surrounding tissue (paresthesia) that can last for an indefinite period of time (days or month) or a fractured jaw. I understand that I may need further treatment by a specialist or even hospitalization if complications arise during or following treatment, the cost of which is my responsibility.

**11. PULPOTOMY/PULPAL-THERAPY Tooth # \_\_\_\_\_**

A pulpotomy/pulpaltherapy is when the inflamed nerve in the chamber of a tooth is removed, the area is sterilized, and the chamber is sealed. It is sometimes called a "baby nerve treatment" or a "baby root canal", but it's not really a root canal. It is a very common procedure in children and has a good prognosis of success. When a cavity gets really deep, close to the nerve of a tooth or even into the nerve, the nerve tissue becomes irritated and inflamed. If the inflammation and infection continues without treatment, the tooth will likely eventually abscess. In primary teeth, a pulpotomy is used in the process of trying to save and restore the tooth. The tooth is then sealed with a filling material before the final crown is placed. After a pulpotomy on a primary tooth it is very important to place a crown to restore the tooth: either Stainless-steel crown, Zirconia (white) crown, or resin-fused-to metal crown. "Nerve treatment" is a good and reliable way to save a badly decayed baby tooth. It's meant to by some time to preserve the tooth, but it cannot save an already abscessed tooth. Although a very reliable procedure, rarely, a tooth with a pulpotomy may need to be extracted.

**12. STAINLESS STEEL CROWN (SSC) Tooth # \_\_\_\_\_**

A stainless steel crown restores the form and function of a tooth. If a deciduous (baby) tooth has too much dental decay and needs something cohesive to hold the tooth together, then a stainless steel crown should be placed. A stainless steel crown is a very durable restoration. Stainless steel crowns are commonly used on deciduous (baby) teeth, or permanent (adult) teeth that aren't fully erupted and ready for a permanent adult crown. If the tooth has had a nerve treatment, a stainless steel crown is often placed afterward. Teeth which have had nerve treatment tend to become brittle and are more likely to break if a large filling only is placed. Failure rates for stainless steel crowns are less than 1% per year. Some parents or patients may complain about the appearance of SSCs. Alternative porcelain fused to metal crowns (NuSmile). As with any dental procedure you can choose not to proceed with care. Of course, that decision has its own set of benefits and risks. The tooth cavity will get worse causing space loss, and/or require extraction; the remaining teeth may shift and require future orthodontics to reposition the permanent teeth.

***I understand that dentistry is not an exact science and that, therefore, reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the 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 the proposed treatment.***

**INSURANCE DISCLAIMER:**

*Insurance coverage is only estimation. Guarantor is responsible for all treatment not covered by insurance.*

\_\_\_\_\_  
Print Name of Patient/Parent/Legal Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature of Patient/Parent/Legal Guardian

\_\_\_\_\_  
Date