

Treatment Consent Form

Patient Name: _____

I hereby authorize doctors:

Roy DeLappe, D.D.S.

Ryan Jensen, D.M.D.

Hans Gray, D.D.S.

Sara Hakim, D.D.S

and whomever he/she may designate as his/her assistants, to perform upon my child any treatment and/or procedures necessary. Including but not limited to dental exam, dental X-rays, dental prophylaxis, application of fluoride, restorations with composites (white materials), restorations with amalgams (silver materials), restorations with Stainless Steel Crowns (silver crowns), pulpotomies (nerve treatment), bases (palliative medicaments), extraction (removal of teeth), space maintainers, sealant, and any other procedure explained to me and posted on the treatment plan.

It has been explained to me my child will go to the treatment room by him/herself. **I will not be allowed to enter the treatment room.**

I request and authorize him/her to do whatever he/she deems advisable if any unforeseen condition arises in the course of these designated treatment(s) and/or procedures calling, in their judgment, for procedures in addition to or different from those now contemplated.

I consent to the above treatment for my child after having been advised of the risks, advantages and disadvantages of the treatments and the consequences if this treatment were withheld.

I consent to the presented treatment plan after having been advised of the alternate plans of treatment available and the known material risks, advantages and disadvantages of the alternative treatment.

I further consent to the administration of local anesthesia, nitrous oxide sedation, antibiotics, analgesics or any other drugs that may be deemed necessary in my child's case, and understand that there is an element of risk inherent in the administration of any drug or anesthesia. This risk includes adverse drug response (e.g., allergic reactions, cardiac arrest, and aspiration, pain, discoloration, or injury to blood vessels and nerves that may be caused by injections or administration of any medications or drugs).

I am informed and fully understand that inherent in any type of treatment/surgery are certain unavoidable complications, the most common of these complications include post-operative bleeding, swelling or bruising, discomfort, stiff jaws, loss or loosening of dental restorations. Less common complications can include infection, loss or injury to adjacent teeth and soft tissues, nerve disturbances (e.g., numbness in mouth and lip tissues, jaw fractures, and swallowing or aspiration of teeth and restorations, and small root fragments remaining in the jaw which might require extensive surgery for removal.

I realize that in spite of the possible complications and risks, my child's contemplated treatment/surgery is necessary and desired by me. I am aware that the practice of pediatric dentistry and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure.

I have provided an accurate and complete personal and medical history as possible including those antibiotics, drugs, medications and foods to which my child is allergic. I will follow any and all instructions as explained and directed to me and prescribed diagnostic procedures.

I have had the opportunity to ask questions and receive answers to and responsive explanations for, all questions about my child's medical condition, contemplated and alternative treatment and procedures, and the risk and potential complications of the contemplated and alternative treatments and procedures, prior to signing this form.

- Dental Fillings: Decay dissolves the tooth, and if not treated, will result in an abscessed tooth causing pain and infection. The dentist will remove the decayed and weakened part of the tooth and replace it with a silver alloy or tooth colored material to strengthen the tooth. A local anesthetic may be used that will "numb" the area being treated for one or two hours.
- Sealants: Back teeth have grooves and pits in which decay usually starts. The dentist, assistant, or hygienist will "seal" the grooves with a plastic coating to help prevent the decay from starting. No anesthetic is needed.
- Stainless Steel Crowns: If a tooth is badly destroyed by decay, a filling will not stay in place. Therefore, a tooth is trimmed around the sides and a preformed crown or "cap" is placed over the tooth to protect it from breaking. As with fillings, the area is usually treated with an anesthetic to help the child remain comfortable for one to two hours.
- Nerve or Pulp Treatment: When the decay or infection progresses far enough that the tissue inside the tooth is infected, all or part of that infected tissue must be removed and a special filling placed in order to keep the infection from spreading to other parts of the body. Pain or swelling after this work is rare and usually minor. Antibiotics may be used to control possible infections. After treatment, a filling or crown will be placed to help strengthen the tooth and keep it from breaking.
- Extraction or Removal: If the infection has spread too far to rebuild the tooth, it is often best to remove the tooth to prevent infection from spreading. After "numbing" the area with anesthetics, the tooth is removed and the area packed with gauze to control bleeding. Care should be taken not to rinse for a couple of days or bleeding may begin again. Biting on gauze or towels will usually stop the bleeding. Pain or swelling after this work is rare and usually minor.
- Nitrous Oxide and/or Premedication: If a child is particularly nervous about dental treatment, the dentist may use "laughing gas" (nitrous oxide) or some other medication to help relax the child so the work can be done properly. The medications may cause the child to be drowsy after the appointment.
- Appointment Confirmation: It is the policy of this office to have verbal confirmation by the parent/guardian of the appointment. Our office will attempt to call a week before, day before, and day of the appointment to confirm the appointment. If we are unable to reach you the day before by 2:00pm, your child's appointment will be cancelled and will need to be rescheduled.

Guardian's Signature _____ Date _____