

**INFORMED CONSENT For
Oakland Drive Pediatric Dentistry and Orthodontics**

This form explains the RISKS, BENEFITS, AND ALTERNATIVES of the treatments we do in our office. Please read over the information & initial at each procedure. This form is readily available for you to read at any time at the front desk or our website. If you have any questions, please let us know.

PATIENT NAME(S) AND BIRTHDATE(S):

PROCEDURES

X-RAYS

BENEFITS: Ability to detect problems between teeth, periodontal disease, pulpal health of the teeth, growth and development that cannot be seen upon clinical exam.

RISKS: Exposure to x-ray radiation (minimal)

ALTERNATIVES: No treatment

CONSEQUENCES OF NO TREATMENT: Inability to properly diagnosis dental problems leading to worsening issues which may require more complex treatment.

INITIALS: _____

LOCAL ANESTHETICS

BENEFITS: Avoid pain during treatments and procedures

RISKS: Cheek, tongue, or lip biting can occur. Infection, bleeding, swelling, allergic reactions, discoloration, headache, tenderness at the needle site, dizziness, nausea, vomiting, seizures. Prolonged numbness, nerve damage, bruising. In rare instance, including allergic reactions up to and including death.

ALTERNATIVES: No usage of local anesthetics

CONSEQUENCES OF NO TREATMENT: Mild to severe pain during and after treatment

INITIALS: _____

CLEANING AND SCALING

BENEFIT: Removal of any debris and build up from the teeth, gums and underneath the gums where it is hard to reach with normal daily cleaning.

Risk: Sensitive teeth, feeling of spaces between teeth, sensitive gums, noise and water spray, filling may be loosened

ALTERNATIVES: No treatment

CONSEQUENCES OF NO TREATMENT: Staining, calculus build up, periodontal disease, bone and teeth loss.

INITIALS: _____

FLUORIDE

BENEFITS: Local protection on the tooth surface by making teeth stronger, cavity prevention. Control and slow down progression of 'pre cavity' spots.

RISKS: Ingestion of high concentration can lead to nausea, vomiting, dental fluorosis (chalky white/brown discoloration of permanent teeth. Overdosing may require medical assistance, hospitalization and even death.

ALTERNATIVES: use of non-fluoridated toothpaste alternatives at home

CONSEQUENCES OF NO TREATMENT: Unable to have the benefits of fluoride application and its properties to prevent cavities and strengthen teeth.

INITIALS: _____

SEALANTS

BENEFITS: Prevention of tooth decay in pits and fissures of permanent molars, easy and quick application, do not need to numb or remove any tooth structure.

RISKS: May come off due to grinding, wear, diet, poor isolation during procedure.

ALTERNATIVE: No treatment, restoration if a cavity starts

CONSEQUENCE OF NO TREATMENT: Potential for tooth to develop a cavity in the pit and fissures of back teeth.

SILVER DIAMINE FLUORIDE

BENEFITS: Helps stop tooth decay, fast treatment, do not need to numb teeth. Does not hurt.

RISKS: Staining- decayed areas will stain permanently black. Healthy tooth structure will not stain. Temporary staining to soft tissue if it comes in contact. Allergic reaction-contraindicated in patients with a history of allergy to silver. Cavity does not respond to treatment and progresses.

ALTERNATIVES: No treatment, restoration

CONSEQUENCE OF NO TREATMENT: May need restorative treatment

FILLINGS

BENEFITS: Eliminate decay, relieves pain, prevents possible infection and need for extraction.

RISKS: Post operative sensitivity, fractures requiring more treatment, abscess (infection), recurrent decay under fillings.

ALTERNATIVES: No treatment, Temporary fillings, crown, extraction

CONSEQUENCES OF NO TREATMENT: Increase in size of cavity, pain, infection, need for more complex treatment.

INITIALS: _____

CROWNS (CAPS)

BENEFITS: Repairs teeth with larger cavities when a filling is unable to be placed, can prevent a tooth from fractures, is durable and long lasting

RISK: Can sometimes irritate the gum at the beginning, can come off of tooth, need to take away more tooth structure, tooth may abscess and require further treatment, may need replacement with heavy wear

ALTERNATIVES: No treatment, large filling, extraction

CONSEQUENCES OF NO TREATMENT: Worsening of issue leading to larger cavity, pain or infection. As a result tooth may need to be extracted, may need a root canal in addition to the crown

INITIALS: _____

ROOT CANALS/PULPOTOMY TREATMENT

BENEFITS: Cleans and preserves the vitality of the remaining nerve and the ability to keep the tooth when the cavity is into the nerve. Relieves pain. Prevent infection.

POSSIBLE COMPLICATIONS: Failure of root canal, infection, need for extraction

ALTERNATIVES: Extraction of tooth

CONSEQUENCES OF NO TREATMENT: Infection, pain, need for extraction of tooth

INITIALS: _____

EXTRACTION

BENEFITS – Removes tooth due to infection, pain, relieves symptoms, promote permanent teeth to erupt into proper position if primary teeth are over-retained

RISKS: Prolonged bleeding, injury/breakage of adjacent teeth or fillings, post-operative infection/pain, bruising, injury to nerve resulting in prolonged numbness, pieces of tooth/root may be left in the jaw, stretching of the mouth resulting in cracking, tenderness in the muscles used to open and close, dry socket may occur if blood clot is lost/dislodges, pain that persists, in rare cases, fracture of upper and lower jaw bones. Further treatment may need referral to an oral and maxillofacial surgeon.

CONSEQUENCES OF NO TREATMENT – Pain, infection potentially spreading into face and body.

ALTERNATIVES – If tooth is restorable, fillings, crowns and root canal treatment

INITIALS: _____

BEHAVIORAL MANAGEMENT TECHNIQUES

Behavioral techniques are used to help facilitate successful treatment.

TELL SHOW DO: ‘Tell’ - explain procedure to the patient, ‘Show’ - show patient the instruments/supplies and demonstrate the procedure, ‘Do’ - complete the procedure

VOICE CONTROL - Alteration of voice volume, tone, or pace to influence and direct the patient's behavior

NON-VERBAL COMMUNICATION - Reinforcement and guidance of behavior through appropriate contact, posture, facial expression, and body language

POSITIVE REINFORCEMENT - In the process of establishing desirable patient behavior, it is essential to give appropriate feedback. Positive reinforcement is an effective technique to reward desired behaviors and, thus, strengthen the recurrence of those behaviors.

DISTRACTION – Diverting the patient's attention from what may be perceived as an unpleasant procedure

PARENTAL PRESENCE VS ABSENCE - The presence or absence of the parent sometimes can be used to gain cooperation for treatment

INITIALS: _____

NITROUS OXIDE

BENEFITS: Relief of anxiety, mild pain control, decrease gag reflex, reduction of overall stress

RISK: Nausea and vomiting, excessive perspiration, a flush feeling, vivid dreams or thoughts, lightheaded or dizziness, feeling of “losing control”, shivering usually at the end of the procedure, inability to drive

ALTERNATIVES: No sedation, IV sedation, General anesthesia

CONSEQUENCES OF NO TREATMENT– Anxiety, unable to cooperate with treatment, unable to continue with treatment

INITIALS: _____

COMMUNICATION VIA EMAIL/TEXT FOR CONFIRMATION AND EMERGENCY CONTACT

BENEFITS: Communication regarding appointments, access to emergency care after hours, prevent need for appointment or traveling for simple questions.

CONSENT TO TEXT/EMAIL ANY PERTINANT INFORMATION/IMAGES - You are currently set to receive text messages for appointment reminders and information about your health care treatment. If you wish to change your preferences or decline receiving all text messages from our office, please let our front desk team know. In case of emergency questions, sometimes you may need to send images via text or email.

POSSIBLE RISKS - Whenever information is being sent via email and text, there's always a risks of information being stolen. Try to keep personal information being sent this way. Call us to provide sensitive information such as SSN or credit card information.

INITIALS: _____

I have read the above statements and have received a copy of them if requested, and recognize their importance in helping me make decisions. My initials indicate that I have read and understand this consent document. I recognize that failures can occur for all kinds of reasons and that complications can occur in any procedure. I also understand that, where decay has occurred, or a tooth has fractured or abscessed, that these same forces are still working on the tooth even after it has been restored: therefore, decay or fracture can still occur as the restored tooth is not better than what nature has given in the first place. If for any reason a conflict or disagreement should arise, I will first present such conflict or disagreement to my attending dentist in order to resolve the problem. If we are unable to agree on a solution, then I agree to take the problem to a reconciliation/medical board such as the dental society and agree to accept their resolution in lieu of pursuing remedies by way of litigation. I also understand that this agreement is binding on my heirs and all other family members. I have been given the opportunity to ask any questions concerning the dental treatment of my child and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including but not limited to those addressed above, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. I now give consent to the attending dentist to render to me/my child the dental treatment that have agreed is necessary. I also agree to reimburse the attending dentist for all services rendered to me, and I am aware that payment for these services is due at the time they are rendered.

Signature of Parent/Legal Guardian:

Name of Parent/Legal Guardian:

Date: