

PIMA PEDIATRIC DENTISTRY
INFORMED CONSENT

Patient's Name: _____ Date: _____

Your child's teeth were examined today and your child was found to have dental decay present. To eliminate the presence of the dental decay, the following treatment(s) are recommended for your child. The common risks or complications of such treatment are also listed. Please ask any questions you may have prior to signing this form. **BY SIGNING BELOW YOU ARE INDICATING THAT YOU UNDERSTAND THE NATURE OF THE PROPOSED TREATMENT, THE RISKS AND ALTERNATIVES TO SUCH TREATMENT, AND THE CONSEQUENCES OF NOT UNDERGOING TREATMENT. YOU ARE FURTHER INDICATING THAT ALL OF YOUR QUESTIONS HAVE BEEN ANSWERED TO YOUR COMPLETE SATISFACTION, AND THAT YOU BELIEVE IT TO BE IN YOUR CHILD'S BEST INTEREST TO PROCEED WITH THE PROPOSED TREATMENT. PLEASE NOTE, IT IS NOT POSSIBLE TO PREDICT OR GUARANTEE THE OUTCOME OF TREATMENT.**

- 1. Proposed/Recommended Treatment:** Radiographs (x-rays), restorations/fillings (silver amalgam or tooth colored fillings), composite or resin crowns, extractions, root canal therapy (nerve treatment - pulpotomy/pulpectomy), stainless steel crowns, prophylaxis (cleaning/scaling), fluoride treatment, sealants, space maintainer, other: _____.
- 2. Benefits and Alternative Treatments:** Removing decay and restoring teeth, or removing teeth and placing space maintainers (where indicated) allows for more optimal oral health. This allows for better mastication (chewing), speech, and overall health. It also helps the permanent teeth erupt in a more favorable position. Alternatives to treatment include a) doing nothing - observing/watching the decay process - this allows the decay to continue and may lead to infection and/or space loss/extractions, b) extracting the decayed tooth, even if it can be saved, c) not placing a space maintainer where required - may lead to space loss and crowding. All alternatives require compromises that may affect your child's overall dental and medical health.
- 3. Common Risks:** More common risks include, but are not limited to: a) allergy to latex used in some dental gloves, b) allergy to the local anesthetic used, c) allergy to filling materials, d) biting or excessive rubbing of the cheeks, lips or tongue when numb which may lead to redness, bleeding and/or scarring, e) infection, f) further decay requiring additional treatment, g) tooth loss, h) paresthesia (loss of sensation), i) sensitivity to temperature or when biting/chewing, and/or j) space loss.
- 4. Consequences of not performing the Recommended Treatment:** Dental caries is an infectious process, it may spread from tooth to tooth and will enlarge if left untreated. Should the decay process continue unchecked, additional teeth may become decayed and/or prematurely lost. Decayed teeth may become infected or abscessed. The infection can be localized or can spread throughout the mouth. Decayed teeth may become reduced in size which may cause space loss necessitating orthodontic therapy.

Every reasonable effort will be made to ensure that your child's dental condition is treated properly, although it is not possible to guarantee results.

OFFICE POLICY IS THAT PARENTS/GUARDIANS MAY NOT REMAIN IN THE TREATMENT ROOMS WHILE TREATMENT IS BEING PERFORMED. PARENTAL/GUARDIAN PRESENCE DISTRACTS FROM PROVIDING OPTIMAL CARE.

_____ I give my consent for the proposed treatment.

_____ I refuse to give my consent for the proposed treatment and acknowledge that I have been informed of the potential consequences of my decision to refuse treatment.

Parent/Guardian signature

Date

Witness's signature

Date