

NOTICE AND CONSENT FORM

Patient Name: _____

Date _____

Parent's Name: _____

Child Smiles Pediatric Dentistry wants you and your child's visit to be both educational and enjoyable. Therefore, we request that you read this **Consent and Notice Form** carefully. This form is meant to provide information on some of the routine procedures we perform. If you do not have any questions or concerns we ask that you complete the form and sign the bottom of the page giving us your consent to perform the listed procedures if deemed necessary.

Consent to receive dental treatment: I consent and authorize the doctor and his/her employees to examine, clean, and provide dental treatment for my child. I further consent and authorize the taking of dental x-rays, as may be considered necessary by the doctor to diagnose and/or treat my child. I will allow photographs to be taken of my child or child's teeth for diagnostic or educational purposes. I also consent to the use of topical and local anesthetics during the treatment. Although their occurrence is extremely rare, some risks are known to be associated with the anesthetics. They include, but not limited to; swelling, bruising, nausea, breathing problems, allergic reactions or brain damage. I further understand and accept that, though unlikely, complications may arise which require hospitalization.

Consent for oral surgery. Extraction of a tooth is an irreversible process and whether routine or difficult is a surgical procedure. As in any surgery, there are some risks. They include, but are not limited to:

1. Swelling and or bruising and discomfort in the surgery area.
2. Possible infection requiring further treatment.
3. Dry socket (loss of blood clot from extraction site).
4. Possible damage to adjacent teeth or fillings.
5. Numbness or altered sedation in the teeth, lip, tongue and chin due to nerve damage; Sensation most often returns to normal, but in rare cases, the loss may be permanent.
6. Stretching of the corners of the mouth that may cause cracking or bleeding.
7. Restricted mouth opening during healing; sometimes related to swelling and muscle soreness or stress on the jaw joint (TMJ), especially when joint problems already exist.
8. A decision to leave a small piece of root in the jaw when its removal would require extensive surgery or risk other complications.
9. Bleeding; Significant bleeding is not common, but persistent oozing can be expected for several hours.
10. Sharp ridges or bone splinters may form later at the edge of the socket. These may require another surgery to smooth or remove them.
11. Sinus involvement; The roots of upper back teeth are often close to the sinus and sometimes a piece of root can be displaced into the sinus, or an opening may occur into the mouth which may require additional care.
12. Jaw fracture; While quit rare, it is possible in difficult or deeply impacted teeth.
13. Allergic reactions (previously unknown) to any medications used in treatment.

Most procedures are routine and serious complications are not expected. Those, which do occur, are most often minor and can be treated.

Consent for behavior management techniques listed below. Providing high quality care can sometimes be made very difficult or even impossible, because of lack of cooperation on the part of some children. Among the behaviors that can interfere with the proper provision of quality dental care are: hyperactivity, resistive movements, refusing to open the mouth or keep it open, and even aggressive or physical resistance to treatment such as kicking, screaming, hitting, and grabbing the dentist's hands or the sharp dental instruments.

There are several behavior management techniques that are used by pediatric dentists to gain cooperation of patients to eliminate disruptive behavior or prevent patients from causing injury to themselves due to controllable movement. The more frequently used pediatric dentistry behavior management techniques are:

1. Tell -show -do: The dentist or assistant explains to the child what is to be done using simple terminology and repetition and then shows the child what is to be done by demonstrating with instruments on a model or the child's or dentist's finger. Then the procedure is performed in the child's mouth described. Praise is used to reinforce cooperative behavior.

2. Positive reinforcement: This technique rewards the child who displays desirable behavior. Rewards include compliments, praise, a pat on the back, a hug or a prize.

3. Voice Control: The attention of a disruptive child is gained by changing the tone or increasing the volume of the dentist's voice. Content of the conversation is less important than abrupt/sudden nature of the command.

4. Mouth props/Mottgags: A rubber or plastic device is placed in the child's mouth to prevent closing when a child refuses or has difficulty maintaining an open mouth.

5. Physical restraint by the dentist: The dentist restrains the child from movement by holding down child's hands or upper body, stabilizing the child's head between the dentist's arm and body, or positioning the child firmly in the dental chair.

6. Physical restraint by the assistant: The assistant restrains the child from movement by holding the child's hands, stabilizing the head, and/or controlling leg movements.

7. Papoose Boards and Pedi -Wraps: These are restraining devices for limiting the disruptive child's movements to prevent injury and to enable the dentist to provide the necessary treatment. The child is wrapped in these devices and placed in a reclined dental chair.

8. Nitrous Oxide Analgesia: Nitrous Oxide is a safe and effective technique to reduce anxiety and enhance effective communication. Your child will not be given nitrous oxide analgesia until you have been further informed and your specific consent has been obtained for this procedure.

Parent Involvement: We welcome parents to attend while the patient's teeth are examined and cleaned. The parent(s) should use this opportunity to have questions answered and to familiarize the child with the dental experience in preparation for future visits. If treatment is to be performed at this visit you may be asked to leave.

OFTEN parents hinder treatment rather than help so doctors or staff may ask a parent to leave the treatment area while treatment is being performed.

I have received a copy of the Childsmiles and Familysmiles dental privacy policy and information practices.

I thereby state that I have read and understand this consent and that all questions about the procedures have been answered in a satisfactory manner.

If you were denied a dental service for your Medicaid procedure, there is an appeals process.
By signing below you agree to waive your rights to this appeals process.

Parent/Guardian's Signature: _____ **Date:** _____