

BROOKER MEMORIAL CHILDREN'S DENTAL CENTER

CONSENT FOR DENTAL PROCEDURE AND ACKNOWLEDGMENT OF RECEIPT OF INFORMATION

I give my permission for the dentists, dental assistants and dental hygienists to perform the following procedures on my child or legal ward. In general terms, the dental treatment or procedure(s) will include:

- A. Dental preventive procedures including prophylaxis, application of fluoride and oral hygiene instruction
- B. Dental restorative procedures (fillings) including the use of local anesthesia, mouth prop or employing voice Control
- C. Photographs, x-rays, and molds of teeth
- D. Removal of baby or permanent teeth as needed
- E. Treatment of crooked teeth (minor tooth movement or space maintainers)
- F. Physical restraint, including holding my child or using a papoose board if needed
- G. Nitrous Oxide (mild sedation)
- H. Other: _____

The nature and purpose of the procedures have been explained to me in general terms by Brooker Memorial dental professionals. Alternative procedures, if any, have also been explained to me, along with their advantages, disadvantages and risks. I realize that good results are expected, but the possibility and nature of complications cannot be accurately anticipated; therefore no guarantees, expressed or implied can be given for treatment results.

Although their occurrence is not frequent, some risks and complications are known to be associated with dental procedures, the most common of which include children biting and injuring their tongue or lip following the administration of local anesthesia and soreness around the area being treated. In addition, less common complications include the risks of infection and swelling.

I have read and understand this consent form. I have been given an opportunity to ask questions about the treatment. I understand that I have the right to be provided with answers to questions that I might have during the course of my child's treatment. I understand that I am free to withdraw my consent to treatment in writing at any time.

CHILD'S NAME: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

RELATIONSHIP TO CHILD: _____ **DATE:** _____

I certify that I explained the above and any additional procedures to the parent or guardian:

SIGNATURE OF BROOKER HYGIENIST/DOCTOR

DATE

Note to providers: Add comments in progress note regarding obtaining original consent, additional risks, or adding additional items to original consent (add additional procedures/services to this form since it is signed by guardian and dated).