Texas Redbud Dental, PC ■ Elizabeth Goldman, DDS
1575 Redbud Blvd, Suite 103 ■ McKinney, TX 75069 ■ (214) 585-0268

Informed Consent for Dental Treatment

The following information is provided to help make you better informed so that you may give or withhold your consent for the procedures discussed; it is not meant to alarm you. Please read this consent form carefully and ask about anything you do not understand.

My child's condition has been explained to me as:

- ☐ Dental decay
- ☐ Dental decay involving pulp
- ☐ Overretained teeth
- ☐ Gingivitis
- ☐ Abscess
- ☐ Deep grooves/pits
- ☐ Other:_____

I understand and consent to the following treatment planned for my child:

- ☐ Sealants
- ☐ Local anesthetic
- ☐ Stainless steel crowns (silver)
- ☐ Amalgam fillings (silver)
- ☐ Extraction
- ☐ Space maintainer
- ☐ Composite fillings (white)
- ☐ Deep cleaning
- ☐ Pulpotomy (treatment of pulp)
- ☐ Nitrous oxide sedation
- ☐ Conscious sedation with diazepam/nitrous oxide

Fillings: A more extensive restoration may be required due to additional conditions discovered during removal of decay. I understand that tooth sensitivity may occur after treatment, and that further treatment such as root canal, pulpotomy, crown, or extraction may be required. I understand that fillings may need to be replaced over time.

Sealants: Sealants are a preventive procedure to reduce the likelihood of decay in the pits and grooves on the chewing surface of the tooth. I understand that this is not a guarantee that the tooth will not develop a cavity. Sealants wear off over time and may need to be replaced.

Stainless steel crowns: I understand that the tooth will be covered by a silver crown. I understand that tooth sensitivity may occur after treatment, and that further treatment such as pulpotomy or extraction may be required.

Pulpotomy: A pulpotomy (removing nerve in the top part of the tooth) may be necessary due to large dental decay that extends into the pulp (nerve). Some microscopic bacteria from the decay may have spread into the bone around the tooth causing the tooth to abscess in the future.

Extraction: The reason for my child's extraction has been explained to me, as well as any alternatives for saving the tooth. I understand that my child may experience mild swelling, bruising, discomfort, bleeding after treatment. Rare complications include: damage to adjacent teeth, incomplete removal of tooth fragments, infection, swallowing the tooth. Further treatment may be required.

Deep cleaning: Gums may be sore and inflamed after treatment. I understand that my child's dental hygiene at home is a critical factor in reversing the onset of gum disease.

Space maintainer: I understand that routine checkups must be kept so the space maintainer can be removed at the appropriate time. The space maintainer may become loose or come out; I understand to call the office as soon as possible if this occurs. I understand that the permanent tooth may erupt out of position if I do not bring my child for regular checkups.

Nitrous oxide or conscious sedation: I have been informed why sedation is recommended for my child. I understand that it is not a guarantee of successful completion of treatment. Though infrequent, I understand that there is a risk of nausea, vomiting, allergic reaction, changes in breathing pattern, heart rhythm and/or blood pressure. I consent that in the event on an emergency that whatever procedures are necessary to manage the

situation may be performed. I agree to follow the pre- and post-operative instructions given and understand that they are important for my child's safety.

Pregnancy: I understand that anesthetics, medications, and drugs may be harmful to an unborn or child and may cause birth defects or spontaneous abortion. I accept full responsibility for informing the provider of a suspected or confirmed pregnancy. For the same reasons, I will notify the provider if the patient is a nursing mother.

Restraint: Restraint in the dental chair will be limited to only that absolutely necessary to prevent the child or staff from injury. No restraint system ("papoose board") will be used. If the child is unable to proceed with treatment due to behavior, the treatment will be discontinued at the earliest possible time.

Drugs and medications: I understand that antibiotics, analgesics, anesthetics and other medications can cause allergic reactions, resulting in redness and swelling of tissues, itching, pain, nausea, and vomiting, or more severe allergic reactions requiring hospitalization. I have informed the doctor of any known allergies. Some medications cause drowsiness or lack of coordination, and I understand that it is my responsibility to closely monitor my child after dental treatment and follow all postoperative instructions that are given.

Side effects/complications of treatment: Some dental materials used may cause skin or mucosal irritation (not an allergy). Gums may also be inflamed or sore in the area of treatment. Children may harm themselves while numb by biting their lip, tongue or cheek, or by rubbing/pinching the numb area. During treatment, I understand that sudden movement may cause injury with a dental instrument. Due to the small size of crowns and other items used during treatment, it is a rare but possible complication for a patient to swallow an item. Further treatment could include medical x-rays and retrieval in a hospital setting.

I understand that during treatment it may be necessary to change or add procedures because of conditions discovered during treatment that were not evident during examination. I authorize the dentist and staff to use professional judgment to provide appropriate care.

Alternatives, such as referral to a specialist or the option of no treatment have been explained to me with the advantages and disadvantages, risks and probable effectiveness of each. I have been advised that though good results are expected, the possibility and nature of complications cannot be adequately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the result or as to the cure.

Although their occurrence is extremely rare, some risks are known to be associated with the treatment or anesthetic agents including but not limited to: numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, breathing problems, brain damage, stroke, heart attack, paralysis, the loss or loss of function of any organ or limb. I further understand and accept that, though unlikely, complications may require hospitalization and may even result in death. The doctor in attendance at Texas Redbud Dental, PC has discussed these possible complications with me to my satisfaction.

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

Patient name (print):_____ Date:_____

Parent/guardian (print):_____

Signature of parent/guardian: _____

I certify that I explained the above procedures to the patient and/or legal guardian before requesting their signature.

Signature of Dentist:_____ Date:_____