



General Dentistry Informed Consent Form
Informed Consent for Dental Treatment of a Minor

Patient's Name: _____

Patient's Date of Birth: _____

- I have been informed of the need for my child to undergo dental treatment.
- I have been fully informed about the details of the recommended treatment and alternatives, if any, as well as the advantages, disadvantages and risks of each, and the prognosis if no treatment is provided.
- I understand that my child will receive all or some the following: teeth cleaning, fluoride application, radiographs, fillings, stainless steel crowns, sealants, extractions, pulpotomies, pulpectomies (root canals), local anesthetic, nitrous-oxide, space maintainers, oral sedation, other _____.
- I understand that as treatment proceeds, there may be the need to change the treatment plan which may result in a change in cists and/or the number of required visits.
- I confirm that I have provided an accurate and complete written health history for my child; including any medications my child is currently taking, as well as those which he or she is allergic to.
- I understand that individual reactions during or following treatment cannot be predicted, and if my experiences any unanticipated reactions during or following treatment, I agree to report them to the office as soon as possible.
- I will follow any and all treatment and post-treatment instructions as explained and directed. I have been told that the success of the recommended treatment depends upon my cooperation in keeping the scheduled appointments, following home care instructions (including, but not limited to, oral hygiene and dietary instructions), and reporting to the office any changes in my child's health status as soon as possible.
- I understand that there may be side effects from dental treatment that may include, but not limited to, the following: infection, pain, swelling, bleeding, numbness, laceration of oral tissues, aspiration or swallowing of objects, and emotional upset.
- For those patients having nitrous-oxide: I understand that nitrous-oxide is going to be used on my child. I have been informed that my child will be fully awake, able to speak, understand, and answer questions. Further, I have been informed that it is used to make my child more comfortable and to help allay any fears or anxieties that my child may have. The doctor has told me that any complications, if they occur, can include, but are not limited to, nausea, vomiting, and drowsiness. A heavy meal within two hours of treatment should be avoided.
- I have been informed that my child should not eat chewy or sticky food and that doing so may result in the failure of treatment such as crowns, fillings, sealants and space maintainers.
- I have discussed all of the above with the treating doctor, and all of my questions have been answered. I further acknowledge that no guarantees or assurances have been given by anyone as to the results of the treatment that may be obtained. I realize that in spite of the possible complications and risks, including, but not limited to those described above, my child's recommended treatment is necessary.

Following the explanation, discussion, and the answers to all my questions, I have read and understand this consent form and I authorize the recommended treatment. I agree to pay the charges incurred for my child's treatment.

Signature of Parent/Guardian

Relationship to Patient

Date

Witness