

South Shore Children's Dentistry Informed Consent

I UNDERSTAND that in the dental treatment of CHILDREN, there are possible inherent risks such as, but not limited to the following, including the understanding that no promises or guarantees of results have been made nor are expected.

- Treating children often presents special problems:** Perhaps the most difficult problem is that of controlling the child in order that no injury accidentally occurs as a result of the child making some abrupt or uncontrolled movements during treatment. The following are considered standard of care approaches for behavior management in pediatric dentistry: (a) Voice Control, (b) Physical Restraint by the Dental Team, (c) Physical Restraint by Papoose Board or Pedi-Wrap: In rare instances, the use of this type of restraint is a standard of care in medicine. The Papoose Board or Pedi-wrap is the safest and most compassionate way to ensure quality dental treatment of an active child.
- Numbness:** there will be numbness in the tongue, lips, teeth, jaws and/or facial tissues resulting from the administration of local anesthetic that may persist following treatment. During this period of numbness the child should be constantly monitored and reminded to not bite on or chew the lips or the tongue.
- Caries susceptibility:** Because of the thinness of the enamel on deciduous (baby) teeth, a tendency for children to consume sweets, difficulty in brushing and flossing regularly, etc., there can oftentimes occur large cavities very quickly in children's teeth. Special care must be taken to avoid these problems. Preventative measures would include fluoride treatments, placing sealants, thorough brushing and flossing, control of diet, regular dental checkups.
- Fracture or breakage:** Due to the fragility of deciduous teeth it is oftentimes difficult to retain fillings, especially large fillings, in these teeth no matter how well the fillings have been placed. If the child has a difficult time retaining fillings or if the cavities are initially very large it may be advisable to place stainless steel crowns on the teeth in order to preserve them until they should be normally exfoliated.
- Pulpotomy:** Due to the thinness of the enamel, large pulp (nerve) chambers, and rapid spread of caries (decay) in deciduous teeth, the dentist may drill into the pulp chamber during decay removal. Upon such pulpal or nerve exposure, extraction may often be avoided by rendering a treatment in which the pulp tissue in the upper part of the tooth is removed and replaced with various filling materials and the tooth preserved to maintain space and chewing capability until the permanent tooth replaces the deciduous tooth. This procedure is called a pulpotomy. At times, no matter how well done, these teeth may become infected and require extraction.
- Abscesses:** Deciduous teeth are particularly susceptible to a condition known as abscessing. Abscesses can occur if there has been deep invasion of caries into the tooth causing pulp tissue to become infected. Abscesses may also occur from a traumatic injury to the tooth. The office should be contacted at once if this occurs.
- Extraction and space maintenance:** At times it is impossible to save a tooth. In such cases, the only alternative is to resort to extraction. Depending upon the necessity to maintain space for the eruption of permanent teeth it may be necessary to insert appliances known as space maintainers.
- Responsibility:** I acknowledge that it is my responsibility to immediately contact this office should any of the aforementioned or other adverse results occur following treatment. It is also my responsibility to set and keep appointments and follow instructions as given in order that proper dental health may be maintained for my child.

INFORMED CONSENT: I have been given the opportunity to ask any questions concerning the dental treatment of my child and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including but not limited to those addressed above, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. No promises or guarantees have been made concerning the results. The fee(s) for this service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow and authorize Kristine A. Grazioso DMD PC and/or any staff member to render any treatment, medications, anesthetics, etc. necessary and/or advisable to my child's dental care.

Child's Name (Print): _____

Signature of Parent or Legal Guardian _____

Parent or Legal Guardian Name (Print) _____

Date: _____
