

DENTAL PARENTAL CONSENT FORM

CHILD'S NAME(PRINT) _____ **DOB** _____

Your child has recently been examined in the office and is in need of some basic dental care. This form will explain the care your child needs, and requests your permission to provide that care.

DENTAL FILLINGS _____ tooth/teeth-Decay dissolves the tooth and if not treated, will result in an abscessed tooth causing pain infection. The dentist will remove the decayed part of the tooth and replace it with a tooth colored filling material to strengthen the tooth. A local anesthetic may be used that will numb the area being treated for 1-2 hours.

SEALANTS _____ tooth/teeth-Back teeth have deep grooves and pits in which decay usually starts. The dentist or hygienist will "seal" the grooves with a plastic coating to help the decay from starting. No anesthetic is needed.

STAINLESS STEEL CROWNS- _____ tooth/teeth-If a tooth is badly destroyed by decay, a filling will not stay in place. Therefore, a tooth is trimmed around the sides and a preformed crown is placed over the tooth to protect it from breaking. As with fillings, the area is usually treated with anesthetic to help the child to remain comfortable for 1-2 hours.

NERVE OR PULP TREATMENT- _____ tooth/teeth-When the decay or infection progresses far enough that the tissue inside the tooth is infected, all or part of that infected tissue must be removed and a special filling placed in order to keep the infection from spreading. As with fillings, the area is usually treated with anesthetic to help keep the child comfortable for 1-2 hours. Pain or swelling after this procedure is rare and usually minor. Antibiotics may be used to control possible infections. After treatment a filling or crown will be place to help strengthen the tooth and keep it from breaking.

EXTRACTION OF TOOTH- _____ tooth/teeth-If the infection has spread too far to rebuild the tooth, it is often best to remove the tooth to prevent the infection from spreading. After "numbing" the area with anesthetic, the tooth is removed and the area is packed with gauze to control bleeding. Care should be taken not to rinse for a couple of days or bleeding may begin again. Pain and/or swelling after this procedure is rare and usually minor.

NITROUS OXIDE AND/OR MEDICATIONS- If a child is particularly nervous about dental treatment, the dentist may use laughing gas (nitrous oxide) or some other medication to help the child to relax so the work may be done properly. The medications may cause the child to be drowsy after the appointment.

AS THE PARENT OR GUARDIAN, BY SIGNING BELOW YOU AUTHORIZE THE ABOVE DENTIST AND DENTAL OFFICE TO PROVIDE THE SERVICE FOR THE CHILD NAMED. I HAVE PROVIDED AS ACCURATE AND COMPLETE A MEDICAL AND PERSONAL HISTORY AS POSSIBLE; INCLUDING ANTIBIOTICS, DRUGS OR OTHER MEDICATIONS THE PATIENT IS CURRENTLY TAKING AS WELL AS THOSE TO WHICH THEY ARE ALLERGIC. I WILL FOLLOW ANY AND ALL TREATMENT AND POST TREATMENT INSTRUCTIONS AS EXPLAINED AND DIRECTED TO ME.

SIGNATURE OF PARENT OR GUARDIAN

DATE

DOCTOR'S SIGNATURE

DATE

WITNESS

DATE