



## Consent To Treat And Informed Consent

Your child has an appointment at the HEALS Dental Clinic, located at one of the schools we have partnered with to provide oral health services.

Your child (or children) has an appointment to receive any of the treatments mentioned in the following list: dental cleaning, x-rays, sealants, Silver Diamine Fluoride, Varnish Fluoride, dental impression, dental evaluation, or exam.

If he/she/they require more specialized treatment, we will contact you to refer you to any of our other locations, for example:

- Martin Luther King Jr. Elementary HEALS Clinic (Huntsville, AL)
- Madison Cross Roads Elementary HEALS Clinic (Toney, AL)
- Madison County Elementary School HEALS Clinic (Gurley, AL)

Please write **your initials** in each line, and this will indicate that you agree

\_\_\_\_\_ I understand, agree, and give permission for the dentist and dental hygienist to treat my child at the HEALS Mobile Dental Clinic.

\_\_\_\_\_ I understand and know that by signing this document, healthcare providers may need to administer local or topical anesthesia, and/or use nitrous oxide and oxygen to care for my child.

\_\_\_\_\_ I understand that several appointments may be required to complete treatment.

\_\_\_\_\_ I understand that my child will likely receive a small gift or sticker indicating that he or she has received sealants, some type of local anesthesia, or had their teeth checked.

## General Dentistry Informed Consent Form Risk and Alternative Treatment

### Treatment Plan

I understand the recommended treatment as explained to me and acknowledge the receipt of a printed treatment plan listing the procedures to be performed. I understand that by signing this consent I am in no way obligated to permit any treatment for my child. I also acknowledge that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination. For example, root canal therapy follows routine restorative procedures.

### Drugs and Medications

I understand that antibiotics, analgesics & other medications may be prescribed during dental treatment. These medications can cause allergic reactions such as redness & tissue swelling, pain, itching, vomiting, and/or anaphylactic shock.

### Nitrous Oxide

I understand that Nitrous Oxide/oxygen inhalation (laughing gas) may be used during treatment. This is a mild form of conscious sedation used to calm an anxious patient. Some of the risks of Nitrous Oxide include nausea, vomiting, headache, nasal congestion or difficulty breathing through the nose, and temporary behavior issues in autistic patients. I understand that the use of Nitrous Oxide sedation does not guarantee that dental treatment can be provided successfully for my child.

### Fillings

I understand that care must be exercised when chewing on teeth that have received newly placed fillings, especially during the first 24 hours, to avoid breakage. I understand that a more extensive restorative procedure than originally diagnosed may be required due to additional decay discovered during the process. I understand that sensitivity is a common after-effect of newly placed fillings. If sensitivity persists or is constant after the first week, please call for an evaluation.

### Extractions

#### 1) Primary (baby) teeth:

When extracting primary teeth, the risks are less than that of adult teeth. However, there are some risks involved. It is possible to damage the newly forming adult tooth that is growing in to replace the baby tooth. There is also a risk of infection or damage to

adjacent teeth. In some cases, a small portion of the root may remain after the tooth is extracted, which could cause discomfort or infection.

**2) Permanent (adult) teeth:**

I understand removing teeth does not always remove the infection, if present, and it may be necessary to have further treatment. I understand the risks involved in having teeth removed, some of which are: pain, swelling, spread of infection, dry socket, loss of feeling in my teeth, lips, tongue & surrounding tissue (paresthesia) that can last for an indefinite period of time, or fractured jaw. I understand the patient may need further treatment by a specialist if complications arise during or following treatment, the cost of which is my responsibility. Alternatives to the removal of teeth are root canal therapy, crown and bridge procedures, periodontal therapy, and orthodontics.

**Sealants**

I understand that, in some instances, my child may need sealants to help prevent decay on the chewing surfaces of back teeth. Risks of Sealants include but are not limited to breakage of sealants (common with certain habits such as grinding/clenching teeth and/or chewing ice or other hard foods/candy), failure or loss of sealants, and development of decay.

**Crowns, Bridges, Veneers**

I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I further understand that my child will be wearing temporary crowns for a short period of time (stainless steel crowns do not require temporary crowns), which can come off easily, and that he or she must be careful to ensure that they are kept on until the final crown is delivered. I realize that the final opportunity to make changes (shape, fit, size, and color) will be before cementation. It is also my responsibility to ensure my child returns for cementation within 30 days of tooth preparation. Excessive delays may allow for tooth movement. This may necessitate a remake of the crown or bridge. An alternative treatment to a crown is to place a composite (tooth-colored filling), or an amalgam (silver filling), administer restoration, place a stainless-steel crown, or extract the tooth.

**Endodontic Therapy**

I realize there is no guarantee that root canal therapy will save my child's tooth and that complications can occur from the treatment. Occasionally root canal filling material may extend out of the root, which does not necessarily affect the success of the treatment. I understand that endodontic files and reamers are very fine instruments, and therefore, stresses and defects in their manufacturing can cause them to break off in the root during use. I understand that, occasionally, additional surgical procedures may be necessary following root canal treatment (apicoectomy). I understand that the tooth may be lost in spite of all efforts to save it. An alternative treatment to endodontic therapy is extraction of the tooth.

**SDF Or Silver Diamine Fluoride**

I understand that when SDF is applied, there will be permanent black staining in the treated area (which can be substituted with a filling or crown). Tooth-colored fillings or restorations and crowns may become discolored (they can usually be polished and the discoloration will decrease). The brown/white skin or gum stain (it is totally harmless, and disappears in 1-3 weeks), can leave a permanent mark if you or your child tries to remove it by rubbing other products on top of the stain. You may experience a temporary metallic taste. If there is no good hygiene, caries progression is possible (may require additional treatment). There is no guaranteed success with SDF treatment if there is no patient cooperation in encouraging good hygiene and improving eating habits. The alternative treatment to SDF is not to perform any treatment on the tooth or to restore it with resin or amalgam. I, further understand that dentistry is not an exact science, and therefore reputable practitioners cannot guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment which I have requested and authorized.

**My signature here applies to each of the children listed below:**

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Legal Guardian Name:** \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Clinical Staff: \_\_\_\_\_