

## INFORMATIONAL INFORMED CONSENT PEDIATRIC (CHILDREN'S) DENTISTRY

**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.**

- 1. 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. In some cases it may be advisable to recommend medication to sedate the child prior to treatment. Additionally, various restraining devices may also be necessary to ensure safety of the child patient during treatment.
- 2. 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 on the lips or the tongue. If the numbness appears to last longer than 24 hours the office should be notified at once.
- 3. Caries susceptibility:** Because of the thinness of the enamel on deciduous (baby) teeth, a tendency for children to consume excessive 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. Preventive measures would include fluoride treatments, placing sealants, thorough brushing and flossing, control of diet, regular dental checkups.
- 4. 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.
- 5. 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.
- 6. 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. The tooth usually becomes very sore and/or painful and swelling appears in the tissues near the root of the tooth. Abscesses may also occur from a traumatic injury to the tooth. The office should be contacted at once if this occurs. Pulpotomy as described above is generally not performed on an abscessed tooth and other alternatives must be considered.
- 7. 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. These space maintainers may be either fixed or removable.
- 8. 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 Dr. \_\_\_\_\_ and/or his/her associates or agent to render any treatment, medications, anesthetics, etc. necessary and/or advisable to my child's dental care.

\_\_\_\_\_  
Child's name (please print)

\_\_\_\_\_  
Signature of patient, legal guardian, or  
authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to signature

\_\_\_\_\_  
Date