



DENTAL TREATMENT CONSENT FORM FOR PREVENTATIVE PROCEDURES

Patent's Name: _____ Patient's Date of Birth: _____

Please read and sign the section on the bottom of this form.

Please mark if you have any questions.

_____ 1. **RECALL**

Regular check-ups/cleanings play an important role in proper dental health. It allows the dentist to review for caries, gingival, periodontal or orthodontic needs. A cleaning, fluoride treatment, x-rays, and exam are performed. Risks include but are not limited to; sensitivity or bleeding of the teeth or gums due to scaling. I understand if I choose not to keep up with regular dental check-ups/cleanings, this decision may result in decay, toothache pain, infection, and orthodontic or periodontal problems.

_____ 2. **X-RAYS**

X-rays are used as an important diagnostic tool for the dentist. How often x-rays are taken depends on the age, risk for disease, and signs and symptoms of the patient. Our office follows the recommended guidelines from the FDA and American Academy of Pediatric Dentistry. Many diseases of the teeth and surrounding tissues cannot be seen when your dentist examines your mouth visually. An x-ray may reveal the presence of small cavities between the teeth, infections in the bone, abscesses, cysts, developmental abnormalities and some types of tumors. It in your best interest and with our clinical judgmental your child be treated properly with the use of diagnostic x-rays. Risks of not taking x-rays include but are not limited to; a failure to diagnose and treat conditions before signs and symptoms have developed that can threaten oral and general health. Risks from radiation exposure have been significantly reduced by improvements in technology. The benefits of dental x-rays to promote adequate and quick diagnosis outweigh the potential adverse effects. I understand if I choose to not to allow x-rays to be taken, I may be asked to transfer my child to another dentist.

_____ 3. **SEALANTS**

Sealant is a white material that is applied to the chewing surface of the molars and bicuspids where decay occurs most often. It acts as a barrier protecting the decay

prone areas of the teeth. Grooves and depressions are difficult to keep clean because toothbrush bristles do not reach into them. The sealant forms a thin covering that keeps food and plaque out, decreasing the chance of decay. The tooth is cleaned and conditioned to help the sealant adhere to the chewing surface. The sealant is then painted on to the tooth and set with a high intensity light. Risks include but are not limited to; replacement; allergic reactions to chemicals; possible decay if post-operative instructions are not followed properly. I understand that my child may still get decay between his or her teeth even with sealants intact. The alternative to sealants is to do nothing and decay may occur as a result of this decision.

4. Fluoride Foam and Varnish

Fluoride foam and varnish are topical fluorides used to prevent tooth decay. The foam is brushed onto the tooth or a varnish is painted onto the teeth with a tiny brush. Foam is rinsed out and varnish forms a sticky covering over the tooth and becomes hard as soon as saliva in the mouth touches it. It takes less than 2 minutes to foam or varnish the teeth. Varnish will make the teeth temporarily look dull. This is normal and does not hurt the teeth. When the varnish comes off the next morning when the teeth are brushed, the teeth will be back to normal. Fluoride enters the tooth enamel and helps makes the tooth hard. It helps prevent new cavities and slows down or stops decay from getting worse. If tooth decay is just starting, it repairs the tooth. Your child does not have to wait to eat and drink. Food should be soft and not crunchy the rest of day. For maximum effect, do not brush or floss the teeth until the next morning. Fluoride varnish is safe. It is used on babies from the time they have their first tooth. Because the varnish is painted onto teeth and only a very small amount is used, almost no fluoride is swallowed. Fluoride varnish can be applied 4 times a year or every 3 months. Studies show that children who get fluoride varnish every 3 months have fewer cavities than those who get it less often or not at all. **If you have any questions, or would like to decline the use of fluoride, talk to Dr. Franklin or a team member.**

I understand that dentistry is not an exact science; therefore, reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment which I have requested and authorized. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction. I consent to the proposed treatment.

Parent Signature: _____

Date: _____

Dr: _____