CONSENT FOR DENTAL TREATMENT

TO THE PARENT: You have the right as a parent to be informed about your child's condition and the recommendations surgical, medical, or diagnostic procedure to be used so that you make the decision whether to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so that you may give or withhold your consent to the procedure.

Regarding my child, _____ I, _____ voluntarily request the dental
(Child's name) *(Parent's name)*
staff of East Texas Children's Dentistry, P.A., to treat my child's condition, which has been explained to me.
I understand and consent to treatment planned for my child which may include:

- Cleaning of the teeth and the application of topical fluoride
- Application of plastic "sealants" to the grooves of teeth
- Treatment of diseased or injured teeth with dental restorations (including silver and tooth-colored fillings, stainless steel crowns, and nerve treatment)
- Removal (extraction) of one or more primary and/or permanent teeth
- Replacement of missing teeth with dental prosthesis
- Treatment of diseased or injured oral tissues (hard and/or soft)
- Treatment of malposed (crooked) teeth and/or oral development or growth abnormalities
- Any other procedure, including but not limited to x-rays and use of local anesthetics deemed necessary or advisable to the planned treatment

I understand that every effort will be made to gain my child's cooperation using warmth, friendliness, persuasion, humor, charm, gentleness, kindness, and understanding. I further understand and consent to the use of appropriate behavior management techniques, when necessary, to reduce disruptive behavior or to prevent injury to my child or dental staff due to uncontrollable movements. These measures are intended to help ensure safe and effective dental treatment and may include, but are not limited to, physical restraint and the administration of nitrous oxide with oxygen (laughing gas). If I wish to request any exceptions, I have noted them below. (If no exceptions are requested, please write "NONE.") _____

Alternate forms of treatment, as well as the option of no treatment, have been explained to me with the advantages, disadvantages, and risks of each. I have been advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied as to the result or as to cure.

Although their occurrence is extremely rare, some risks are known to be associated with the proposed sedative drugs including but not limited to nausea, vomiting, allergic reaction, breathing problems, brain damage, stroke, heart attack, and paralysis, the loss of function of any organ or limb, or disfiguring scars associated with such procedure or procedures. I further understand and accept that though unlikely, complications may require hospitalization and may even result in death.

- I hereby state that I have read and understand this consent, that I have been given an opportunity to ask any questions I might have, and that all questions about the procedure or procedures have been answered in a satisfactory manner.
- I further understand that this consent will remain in effect until such time that I terminate in writing.
- I understand that although my consent has been given to the above treatment, I will be informed of specific treatment needed prior to treatment being performed.

_____ / _____ _____

Signature of Parent or Legal Guardian | Print Name | Date