



### Smiles 4 Kids Pediatric Dentistry Procedure Informed Consent

It is important to us that we accomplish your oral health goals for your child in a safe and fun environment. To ensure high quality of care for your child, we want you involved in decisions concerning dental procedures we recommend for your child. Therefore, we make every attempt to help you understand our procedures and we welcome your questions at any time.

A routine visit will consist of several components. The pediatric dentist will prescribe only those procedures your child needs. Often these include a dental and soft tissue exam, oral hygiene prophylaxis (cleaning), and a fluoride treatment. Radiographs (x-rays), are based on your child's needs, but may be taken to evaluate growth and development, pathology and to check for cavities. Sealants are placed on select teeth as a preventative measure against cavities.

When we recommend treatment for cavities, we choose the restorative option best for your child's unique situation. Often a composite (white) filling will be placed. Sometimes a stainless steel crown (silver cap), a Pulpotomy (nerve treatment), or an extraction is recommended. Local anesthesia (numbing medicine) may be needed for many of these procedures. To help your child accomplish these safely and with minimal anxiety, we may elect to use Nitrous Oxide (laughing gas).

Complications are rare in dentistry, but can occur. We take every precaution to minimize these risks and are trained in advanced techniques to manage any unforeseen events. Common side effects can include dizziness or nausea from the Nitrous Oxide, pressure from placement of crowns or slight hot/cold sensitivity after a filling that may last a few days. More serious side effects can include pain, allergic reactions, anaphylaxis, swelling, bruising, hospitalization or even death. These risks are minimal and should be considered against the risks of declining restorative treatment which can include toothache, infections, abscess, facial swelling, hospitalization, brain infection and death.

During the course of treatment, it may be necessary to change or add procedures due to conditions found while treating a tooth. We will make every effort to make you aware of these changes prior to completing treatment. However, it may be in the best interest of your child for us to complete treatment efficiently to allow for a safe and pleasurable visit. In this instance, we will inform you at the completion of treatment. No preventative or restorative option will last forever. They need to be cared for like a normal tooth or as the dentist recommends in order to maintain their quality for as long as possible and to prevent further treatment needs.

By signing below, I certify that I am the legal guardian of the patient. I have been properly informed of the treatment options, risks, benefits, and alternatives to dental treatment. I have read, understand, and consent to dental treatment.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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



Members of the American Academy of Pediatric Dentistry  
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