

CONSENT FOR TREATMENT

Crown

I **consent** to crown placement on tooth number(s) _____.

Dental crowns are restorations that cover or “cap” teeth, restoring them to their natural size, shape, and color. A crown not only helps with appearance, but can strengthen a tooth as well. Dental crowns are made with Zirconia or Stainless Steel, and may or may not have an inner layer of metal, while some are made of metal alone.

Potential complications associated with crowns may include, but are not limited to, the following: Need to reduce tooth structure, sensitivity of teeth, root canal therapy may be needed, crown breakage/coming loose, pain or soreness after treatment (typically temporarily).

Extraction (Tooth Removal)

I consent to the removal of tooth/teeth number(s) _____.

By providing my signature, I certify that I understand the recommended treatment, the fee involved, the risks of such treatment, any alternatives and risks of these alternatives, including the consequences of doing nothing. I have had all of my questions answered, and have not been offered any guarantees.

Potential risks include, but not limited to: post-operative bleeding, infection, inflammation, swelling, bruising, pain, damage to adjacent teeth or fillings, possibility of a small fragment of root being left in the jaw intentionally when its removal is not appropriate, delayed healing (dry socket), damage to sinuses, jaw fracture or dislocation, damage to the nerves during tooth removal resulting in temporary, or possibly permanent numbness of the lip, chin, tongue or teeth.

Fillings (“WHITE” composite restoration)

I **consent** to resin based composite placement on tooth number(s) _____.

Teeth with caries (decay) may be restored with composite or glass ionomers.

Risks include but are not limited to the following: need for further treatments in the future, such as nerve treatments, stainless steel crowns or extractions, damage to adjacent teeth and/or tissues, damage to nerves in the area of local anesthetic administration, changes in occlusion (bite), sensitivity to cold, heat or sweets. This is usually of increased risk with large restorations (fillings) and is often temporary, but may be permanent.

Root Canal/Endodontic Treatment

I **consent** to nerve treatment on tooth number(s) _____.

By signing below, I understand that the goal of endodontic treatment is to save a tooth that might otherwise require extraction. Although root canal treatment has a very high success rate, as with all medical and dental procedures, it is a procedure whose results cannot be guaranteed. Risks include but are not limited to the following: instrument separation in the canal, perforations of the canal, incomplete healing, post-operative infection requiring additional treatment or the use of antibiotics, tooth and/or root fracture that may require extraction, pain, discomfort, temporary or permanent numbness, adverse reactions to anesthetics, chemicals or medications used. I understand serious infection or medical problems may occur if I choose to **NOT** have the root canal treatment completed.

☐ SEALANTS

I **consent** to sealant placement on tooth number(s) _____.

Sealants help to prevent caries (decay) in the pits and grooves of posterior (back) teeth. They do not prevent decay on all surfaces of the tooth. Proper brushing and flossing are still necessary, or decay will develop.

Risks include but are not limited to the following:

1. Replacement every few years, which is commonly needed, but may or may not be covered by dental insurance
2. Breakage of sealants, which is common with certain habits such as chewing ice or other hard foods, or by bruxism (tooth grinding).

☐ Silver Diamine Fluoride (SDF)

I **consent** to SDF treatment on tooth number(s) _____.

Silver Diamine Fluoride is an antibiotic liquid. We use SDF on cavities to help stop tooth decay and treat tooth sensitivity. Necessary re-application is every 3 to 6 months. I have seen the photos of how my child's teeth may look after SDF discolors the cavities. I understand that I may refuse treatment with SDF.

Benefits of receiving SDF: Helps stop tooth decay, FAST. No need for anesthetic (numbing). Does not hurt.

Risks of receiving SDF: The affected area will stain decay black permanently. This means the SDF is working.

Fillings and healthy enamel may also discolor. Not every cavity can be successfully treated with SDF. There is the possibility that SDF will not stop the decay. SDF can stain clothing and the skin around the mouth if the child drools. Staining on lips, tongue, skin usually goes away after 3-5 days with exfoliation.

Alternatives to SDF: No treatment, which may lead to continued decay of tooth, worsening symptoms.

Placement of fillings, crowns, or extractions.

Summary

I have read this form. I understand the treatment and have had the chance to ask questions. I understand that I can decide to have no treatment or utilize alternative options listed above.

IF YOUR CHILD WEARS A RETAINER(s): There is no way to guarantee that the fit will be the same after fillings, crowns, sealants. Quite often, it is advised to have a new retainer made once all restorative work is completed. You will want to contact your child's Orthodontist to schedule this.

Parkland Pediatric Dental strives to provide your child with the best care possible. As a courtesy, any crown or filling placed by Dr Cattron will be covered at no out of pocket cost for up to 2 years after seat date. This includes any breakage, re-bonding, and replacements. Please note this is only offered if your child maintains the recommended routine check-ups in our office. (Typically every 6 months).

I understand that by signing below I am requesting and authorizing the procedure(s) to be performed on my child; and I have read and understand the possible risks and complications of the procedure(s). Dr Cattron has reviewed all treatment options with me and all of my questions have been answered.

Name of Child

Date

Parent/Guardian Signature

Printed Name

Witness Signature

Printed Name