

My Kids' Dentists

Request and Consent for Pediatric Dental Treatment

Please read this form carefully! If you do not understand something to your satisfaction, please ask questions. We will be happy to explain it.

1. I request and authorize **My Kids' Dentists** to examine, clean and provide dental treatment for:

Patient Name Here

Date

2. I further request and authorize the taking of dental x-rays as may be considered necessary to diagnose and /or treat my child's dental needs. I further authorize the use of anesthetics as may be considered necessary to treat the dental problem(s). Photographs may be taken of my child for diagnostic and educational purposes.

3. I have had explained to me by the Dentist or her associates, and have had sufficient opportunity to discuss the patient's dental condition/problem(s), the planned procedures and treatment, and the benefits to be reasonably expected from this treatment plan, compared with alternative approaches and/or no treatment.

4. I **understand** that during the course of the patient's dental treatment, something unexpected may arise that may necessitate procedures in addition to or different from those listed on the Treatment Plan and that I will be consulted prior to initiation or treatment procedures not listed. I am aware that the practice of dentistry is not an exact science and acknowledge that no guarantees have been made to me concerning the results of the dental treatment that the patient receives at **My Kids' Dentists**.

5. I **understand** that dental treatment for children includes efforts to guide their behavior by helping them understand the treatment in terms appropriate to their age. We will provide an environment likely to help children learn to cooperate during treatment using a variety of techniques including, praise, explanation and demonstration of procedures and instruments, and variable voice tone and loudness.

6. I **understand** that should the patient become uncooperative during dental procedures with movement of the head, arms and/or legs, dental treatment cannot be safely provided. During such disruptive behavior, it may be necessary for the assistant(s) to hold the patient's hands, stabilize the head and/or control leg movements.

7. I **further understand** that should the patient become uncooperative during dental procedures with excessive body movements, the patient may need to be wrapped in a "hug blanket" or "papoose board" to prevent injury and enable the Dentist to **safely** provide the necessary treatment.

8. I **understand** that I may revoke this consent to treatment at any time and that no further action based on this consent will be initiated except to the extent that treatment and procedures have already been performed or initiated.

9. I **confirm** that I have read and understand this form or it was read to me, and that all blanks were filled in and all applicable paragraphs, if any, were stricken before I signed below.

Print Name of Person Consenting to Treatment

Date

Signature of Person Consenting to Treatment

Signature of Witness

Date