

Dentistry for Kids

Consent to Utilize Treatment Immobilization

Our goal is to deliver dental treatment in the kindest and gentlest manner. However, some children cannot receive dental treatment in the usual fashion. Instances where this may occur are, but are not limited to, the following: (1) traumatic emergency situations, (2) infectious emergency situations, (3) young age, (4) fear, (5) inability to cooperate, (6) extent of procedure involved and (7) special needs patients who cannot cooperate due to mental or physical disability. In these instances, partial or complete immobilization may be necessary to protect the patient, practitioner, and/or dental staff from injury while providing dental care. Our office utilizes a papoose blanket and /or papoose board in these types of circumstances.

Options for these types of situations may be limited due to the acute nature and extent of the problem. However, choices for these children include the following: (1) delaying treatment until the child is more cooperative, (2) sedating the child to a level at which dental care can be provided comfortably, or (3) administration of general anesthesia in the hospital. These alternatives all include various advantages, disadvantages, and risks. Delaying treatment may allow the dental disease to progress to an emergency situation where hospitalization is required, including abscess formation, infection, pain, fever, risk to the permanent teeth, or contribute to a long term dental problem. Sedation and general anesthesia have many risks associated with them. These include, but are not limited to nausea, vomiting, dizziness, breathing problems, allergic reactions, coma, and death.

Proper and acceptable measures will be taken to optimize your child's safety and achieve quality pediatric dentistry; however, you are given no guarantees or assurances of any sort as to the results that may be obtained. There is always the possibility that restraining a child may increase their fear of future dental treatment.

I certify that I have read and understand the above information and have had any and all questions concerning the procedures, material risks, and complications answered to my satisfaction. With signing of this statement, I give a knowing and voluntary informed consent to administer the use of physical restraint on my child.

Child's Name _____ DOB _____

Parent/Guardian's signature _____ Date _____

Signature of witness _____ Date _____