

Informed Consent for New Patients

Please complete this Informed Consent for New Patients and initial all items as requested.

Patient Name: _____ **Parent (or Guardian) Name:** _____

EXAM and CLEANING

Regular exams and cleanings play an important role in proper dental health. They allow the dentist to screen for dental caries, gingival and/or periodontal issues or orthodontic needs. A cleaning, fluoride treatment, x-rays and exam are performed. Risks include but are not limited to: sensitivity or bleeding of the teeth or gums due to scaling. I understand that if I choose not to maintain regular check-ups and/or cleanings, this decision may result in decay, pain, infection, and/or orthodontic or periodontal problems.

Initial _____

X-RAYS

X-rays are used as an important diagnostic tool for the dentist. How often x-rays are taken depends on the age, risk for disease, and signs and symptoms of the patient. Our office follows the recommended guidelines from the FDA and the American Academy of Pediatric Dentistry. Many diseases of the teeth and surrounding tissues cannot be seen when your dentist examines your mouth visually. An x-ray may reveal the presence of small cavities between the teeth, infections in the bone, abscesses, cysts, developmental abnormalities and some types of tumors. It is in your child's best interest to be periodically screened with the use of diagnostic x-rays. Risks of not taking x-rays include but are not limited to: a failure to diagnose and treat conditions before signs and symptoms have developed than can threaten oral and general health. Risks from radiation exposure have been significantly reduced by improvements in technology. The benefits of dental x-rays to promote adequate and quick diagnosis outweigh the potential adverse effects. I understand if I choose to not allow x-rays to be taken, I may be asked to transfer my child to another dentist.

Initial _____

SEALANTS

Sealant is a white material that is applied to the chewing surface of the molars and bicuspid where decay occurs most often. It acts as a barrier protecting the decay prone areas of the teeth. Grooves and depressions are difficult to keep clean because the toothbrush bristles do not reach into them. The sealant forms a thin covering that keeps food and plaque out, decreasing the chance of decay. The tooth is cleaned and conditioned to help the sealant adhere the chewing surface. The sealant is then painted on the tooth into the deepest pits and fissures. Risks include, but are not limited to: need for replacement, allergic reaction to the materials and/or possible decay if post operative instructions are not followed properly. I understand that my child may still get decay between his or her teeth even with sealants still intact. The alternative to sealants is to do nothing and decay may occur as a result of this decision.

Initial _____

FLUORIDE TREATMENT

Fluoride is a naturally occurring element that prevents tooth decay systemically when ingested during tooth development and topically when applied to erupted teeth. Topically applied fluoride provides local protection on the tooth surface. Topical fluorides include toothpaste, mouth rinses and professionally applied gels and rinses. In addition to their use in caries prevention, topical fluorides may be used to control established carious lesions. Systemic fluorides are those that are ingested into the body and became incorporated into forming tooth structures. Benefit: Fluoride helps to prevent tooth decay by making teeth stronger. Fluoride can be applied topically, in which case a gel, paste, rinse, or solution is placed on the teeth where fluoride acts directly on the tooth enamel. The application of concentrated fluoride solutions or gels may result in a reduction of dental caries. The alternative is conventional methods of dental caries prevention at home: brush twice daily with fluoride toothpaste, floss and avoid frequent snacking. Fluoride is the most effective caries-prevention agent available today. It is considered safe when properly used. The ingestion of high concentrations can lead to nausea, vomiting, dental fluorosis, which is a chalky white to brown discoloration of the permanent teeth. The complications or overdose may require medical assistance or hospitalization and even death. Consequences of not performing treatment: being deprived of the benefit of topical fluoride application and its property to prevent tooth decay and control the cavities already present.

Initial _____

I understand that dentistry is not an exact science; therefore, reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment which I have requested and authorized. I have had the opportunity to read this form and to ask questions. My questions have been answered to my satisfaction. I consent to the proposed treatment.

Parent or Guardian Signature _____

Date _____

Witness (Doctor or Staff): _____

Date _____

**ACKNOWLEDGEMENT OF RECEIPT OF
HIPAA NOTICE OF PRIVACY PRACTICES
("Acknowledgement")**

Last Updated April 1, 2011

I acknowledge that I have received a copy of this Dental Practice's **HIPAA Notice of Privacy Practices**.

Patient Name (Please Print)

Patient Signature

Date

OR

Signature of Personal Representative

Authority of Personal Representative to Sign for Patient (check one):

- Parent Guardian Power of Attorney Other: _____

Please Note: It is your right to refuse to sign this Acknowledgement.

Dental Office Use Only

I tried to obtain written Acknowledgement by the individual noted above of receipt of our **Notice of Privacy Practices**, but it could not be obtained because:

- ___ An emergency prevented us from obtaining acknowledgement.
- ___ A communication barrier prevented us from obtaining acknowledgement.
- ___ The individual was unwilling to sign.
- ___ Other: _____