

West Metro Pediatric Dentistry
Dental Treatment & Restoration Information & Informed Consent

Your child has been diagnosed with dental treatment needs. The below information outlines the treatment that is scheduled to be completed for your child today. Please read this information carefully, and ask about anything that you do not understand. We will be happy to answer any questions you have to your satisfaction. Informed consent indicates your awareness of sufficient information to allow you to make an informed personal choice regarding your child's dental treatment after considering risks, benefits, and alternatives. Post-Treatment information and at-home care will be provided separately.

_____ **Sealants/Preventative Resins on tooth #s** _____

Parent Initials: _____

A sealant is the application of a plastic resin that is usually placed on the chewing surfaces of the back teeth—premolars and molars. This plastic resin bonds into the depressions and grooves (pits and fissures) of the chewing surfaces of back teeth. The sealant acts as a barrier, protecting enamel from plaque and acids.

Advantages:

- Sealants are an excellent way to protect chewing surfaces of teeth from decay
- They are a much better financial investment than treating decay after it has started

Disadvantages:

- Sealants are not permanent. They generally last three to five years with normal wear, but can wear off or chip off earlier in certain instances
- They don't prevent decay between teeth or the onset of gum disease; good oral hygiene/dental visits are important

Some concern exists in regards to the potential of trace amounts of Bisphenol- A dimethacrylate (BPA) being present in dental sealants. Our practice currently uses Ultraseal XT, a sealant produced by Ultradent. The following is a statement from Ultradent regarding this topic: "Ultradent does not, nor do we plan to ever use, BPA in any of our resin products including our bis-GMA based pit and fissure sealant. Bis GMA is a material widely used by many dental manufacturers since the 1960s. And, while less than pure bis GMA can contain trace quantities of Bisphenol- A, we work with a quality bis-GMA supplier who assures us that there isn't even a measureable trace of Bisphenol-A impurity. In order to provide additional assurance, we test our base GMA material with a quality outside laboratory."

_____ **Extraction (removal) of tooth #s** _____

Parent Initials: _____

An extraction is the removal of a primary or permanent tooth in its entirety. This may include the removal of bone tissue and/or soft tissue to access the tooth for extraction. Once this oral surgery is performed, this procedure cannot be reversed.

Alternatives to this option are: _____

There are risks associated the performance of the recommended surgery such as the items checked below:

- Post-operative bleeding and pain
- Necessary removal of bone during tooth extraction
- Post-operative infection or bone inflammation
- Possible damage to the sinus when upper back teeth are removed which may require surgical repair at a future date
- Possible nerve damage when lower wisdom teeth are removed, which can result in either temporary or permanent tingling or numbness in the lower lip
- Jaw joint (TMJ) pain and malfunction following removal of lower teeth
- Other: _____

_____ **Space Maintainer (bands, wires, and/or plastic) placed on tooth #s** _____

Parent Initials: _____

Space maintainers are a combination of materials that are bonded or cemented in your child's mouth. They are designed to hold the remaining teeth in a position that will allow the future permanent tooth to erupt in the proper location.

_____ Unilateral: Fits on one side of the mouth _____ Bilateral: Fits across both sides of the mouth

Advantages:

- Prompt placement of a space maintainer will give the permanent tooth the best chance of erupting in the mouth in the correct location. This will minimize orthodontic problems caused by premature loss of a baby tooth.

Disadvantages:

- Your child will need to wear the appliance until the permanent tooth erupts.
- If not kept clean decay can occur under the bands.

_____ **Composite (Tooth-Colored) Fillings on tooth #s** _____

Parent Initials: _____

Composite fillings are a mixture of glass or quartz filler in a resin medium that produces a tooth-colored filling. They are sometimes referred to as composites or filled resins.

Advantages:

- Color and shading can be matched to the existing tooth
- Composite is a relatively strong material, providing good durability in small to midsized restorations that need to withstand moderate chewing pressure
- Often permits preservation of as much of the tooth as possible
- Low risk of leakage if bonded only to enamel
- Moderately resistant to further decay
- Frequency of repair or replacement is low to moderate

Disadvantages:

- May discolor, break, or wear out over time
- Compared to other fillings, composites can be difficult to place. They cannot be used in all situations
- May wear faster than natural dental enamel
- May leak over time when bonded beneath the layer of enamel
- In rare cases, a localized, allergic reaction such as inflammation or rash may occur
- May contain BPA

Our practice uses TPH3, a composite resin produced by Dentsply. Dentsply assures us that no BPA is used in the production of any of its products. We do understand the concern over BPA and are therefore providing the following summary: Composite Resin fillings can contain BPA, a synthetic chemical resin used in plastics. In dentistry, bisphenol A-glycidyl methacrylate and bisphenol A dimethacrylate can be found in resin-based dental sealants and composites. BPA is rarely used as an ingredient in dental materials but may be present as a by-product of other ingredients in dental composites or sealants that may have degraded, and as a trace material leftover from the manufacture of other

ingredients used in dental composites or sealants. The exposure to BPA from sealants and composite fillings is about 200 times lower than the level EPA considers safe. The EPA level is based on daily exposure. The measurable exposure to BPA occurs one time—at the time of placement. The ADA believes any concern about potential BPA exposure from dental sealants or composites is unwarranted at this time. When compared with other sources of BPA, these dental materials pose significantly lower exposure concerns.

Stainless Steel (Silver-Colored) Crown on tooth #s _____

Parent Initials: _____

A stainless steel crown (SSC) is a silver-colored pre-fabricated crown that fits over the entire tooth.

Advantages:

- Crowns are incredibly strong due to the fact that they cover the entire tooth. This protects and strengthens the remaining tooth structure
- They are the best chance for survival of a tooth that has had a baby root canal
- For at high-risk children, a crown protects the remaining at-risk tooth surfaces

Disadvantages:

- Crowns are excellent restorations and have few disadvantages
- Most children's crowns are silver in color

NuSmile (Zirconia) Crowns on tooth #s _____

Parent Initials: _____

NuSmile crowns are anatomically correct, zirconia ceramic, tooth-colored crowns that can be used when a full coverage restoration is needed for longevity and for protection of remaining tooth structure.

Advantages:

- Natural looking
- Faster than time-consuming "open face stainless steel crown" and to the technique-sensitive, less durable "composite strip crown"
- Durability and color stability

Disadvantages:

- These crowns are more costly than the silver crowns.
- Most insurance plans don't cover these for posterior teeth

Pulpotomy (Nerve Treatment) on tooth #s _____

Parent Initials: _____

A pulpotomy is used to treat decay that has reached the nerve/pulp of the baby tooth. Like adult root canals, the dentist will access the nerve chamber of the tooth, and remove some of the nerve/pulp of the tooth. Unlike adult root canals, this is a very short procedure, as only part of the pulp needs to be removed.

Advantages:

- Allows for the tooth to be preserved until it is ready to fall out naturally

Disadvantages:

- Pulpotomies have an 80-90% success rate. Occasionally, the nerve of the tooth is so badly damaged that it does not respond to pulp therapy, resulting in the need for extraction of the offending tooth. Certain circumstances increase the likelihood of failure with pulpotomies.

Other _____

Parent Initials: _____

ACKNOWLEDGMENT OF RECEIPT OF INFORMATION & INFORMED CONSENT & AUTHORIZATION FOR TREATMENT

- I understand my child's treatment diagnosis and the reason for the suggested treatment plan as reviewed at initial diagnosis.
- I understand the alternate treatment options and advantages and disadvantages to each. These may include no treatment, or treatment under sedation or anesthesia, as reviewed at initial diagnosis.
- I understand that declining treatment may result in further complications. I will not hold the dentist or this practice responsible for the result of declined treatment, including _____.
- I understand the above treatment types, materials used, and the advantages & disadvantages for each.
- I understand that, although good results are expected, no guarantees regarding the treatment have been made or implied.
- I understand that, although extremely remote, we are required by state law to notify you that there are risks associated with any dental treatment or oral surgery, including the administration of medications, anesthetics and performance of the recommended treatment listed above. These risks include but are not limited to the following numbness, infection, swelling, bruising, bleeding, re-treatment, treatment failure, discoloration, nausea, vomiting, allergic reactions, brain damage, quadriplegia, the loss of function of any organ or limb, or disfiguring scars associated with such procedures. I further understand that complications may require hospitalization and may even result in death.
- I have been given the opportunity to ask questions regarding the recommended treatment, alternate options, material types, risks, and advantages & disadvantages; and have been give satisfactory answers to all of these questions.
- I authorize Dr. Bryan Savage, Dr. LaShica Young, and auxiliaries of their choice to perform upon my child dental services, to administer any necessary anesthetics or sedatives, and to perform any added procedures which they may deem necessary to the welfare of the patient during the authorized dental services.
- I have read and understand this form and its contents.

Child's Name: _____

Date of Birth: _____

Legal Guardian Printed Name: _____

Relationship to Child: _____

Legal Guardian Signature: _____

Today's Date: _____

Treating Dentist Signature: _____

Witness/Assistant: _____