COLLEGE OF DENTISTRY
The UNIVERSITY of OKLAHOMA HEALTH SCIENCES CENTER

CONSENT TO PEDIATRIC DENTAL TREATMENT

Please read the following information carefully and sign where indicated.
Your signature confirms your understanding and acceptance of this information.

Comprehensive Care
OU's Pediatric Dentistry Specialty Clinic is committed to serving as dental home for infants, children, adolescents, and patients with special health care needs ensuring safe, culturally-sensitive, individualized, comprehensive, continuous, accessible, coordinated, compassionate, and patient-centered dental care regardless of race, ethnicity, religion, sexual or gender identity, medical status, or family structure. We want to be certain that you are well-informed regarding treatment procedures, expected benefits and risks, alternatives, consequences of no treatment, and costs of treatment so that you are confident to proceed with your child's dental care.

Preventive Dental Treatments
The foundation for a lifetime of dental wellness is preventive dental care. Preventive dental care involves a provider assessment of the medical and dental histories of the patient, an evaluation of the oral condition including exam and x-rays, a caries (cavity) risk assessment, a periodontal (gum disease) risk assessment, dental prophylaxis (teeth cleaning), fluoride application and/or prescription, protective sealants, oral hygiene instruction, and nutritional counseling.

Restorative Dental Treatments
The goal of restorative dental care is 1) the elimination of dental caries (cavities/tooth decay) and 2) the restoration of form & function using materials that are biocompatible as well as well suited to the condition of the teeth. Based upon the finding of our thorough dental evaluation, an individualized restorative treatment plan will be developed for your child.

Risks may include:
- Tooth sensitivity
- Nerve or soft tissue injury
- Allergic or adverse reactions to dental materials
- Accidental swallowing or aspiration of dental materials

Alternatives:
- Non-invasive dental therapies (ex. Silver Diamine Fluoride, Interim Therapeutic Restorations)
- Tooth extraction
- No treatment

Consequences of no treatment:
- Progression of dental caries (dental decay/cavities) possibly resulting in pain, swelling, infection, and/or tooth loss

Local Anesthesia
For many dental procedures, temporary numbness is achieved by the injection of a local anesthetic. Our techniques are very child-friendly and allow for safe and comfortable dental treatments.

Risks may include:

- Discomfort at the injection site
- Prolonged (rare) or permanent (rare) numbness
- Allergy (extremely rare) or an adverse reaction (rare) to the anesthetic
- Possible interactions with prescription and non-prescription drugs, including supplements and illicit drugs

Alternatives:

- No anesthetic
- Topical anesthetic gel
- Nitrous Oxide (laughing gas)

Consequences of no treatment:

- Discomfort of varying degrees during treatment

Treatment Environment

To deliver comprehensive dental care safely and effectively to your child, we may recommend nitrous oxide (laughing gas), protective stabilization, sedation, or general anesthesia. These options will be discussed with you prior to treatment and individual consent(s) will be achieved.

Patient Confirmation, Acknowledgement, and Consent:

I confirm that I have read and fully understand the treatment that has been recommended, as well as the risks, benefits, alternatives, and consequences of no treatment. I have been given the opportunity to ask questions regarding treatment and my questions have been answered fully and satisfactorily. I acknowledge that no guarantees or assurances have been made to me concerning the results of the treatment that I/my child will be receiving as a patient at the College of Dentistry. My signature verifies my consent to the treatment recommended.

During the intake process as well as through the course of treatment, I will provide an accurate medical history, including any prescription and nonprescription drugs, for my child.

Patient or Parent/Guardian Signature	Date
Dentist Signature	Date
Witness Signature	Date