The Cowboy Dentists
Pediatric Dentistry

INFORMED CONSENT DISCUSSION

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WE CARE FOR CHILDREN
WE TREAT TEETH

This form indicates that the parent/guardian is welcome to be in the room for care of their child and all treatment for today's procedure has been discussed prior to treatment.

Patient's Name: ____ D.O.B. ____________________________________

I consent to the uses of **Nitrous oxide inhalation analgesia** if indicated for invasive dental care (fuzzy air) which, is used to decrease pain, stress and allow for less, and at times, no local anesthetic injection. Nitrous oxide may cause temporary lack of awareness, coordination, "dizzy feeling," and rarely, nausea or vomiting. It is reversed by breathing oxygen usually in 5 minutes.
Unless the parent indicates otherwise Do Not Use _____initial _______date

I consent to the administration of **local anesthesia** injection to numb the area. I understand that complications may occur from local anesthesia. The lip, cheek and tongue will be asleep for usually 1-3 hours and the parent/guardian must help to prevent a lip bite. I agree that the patient has had **no adverse** past reaction to local anesthesia. I will inform Dr. Miller of the extent/severity of any adverse reaction.

During the course of the procedure(s), unforeseen conditions may arise that may require a change of the planned procedure(s). I understand that the procedure(s) might not have the expected results. Sometimes nerve treatments and extractions, like any dental treatment, can have unexpected complications not limited to infection, swelling, bleeding, discomfort and retained root tips. Dr. Miller/Dr. Aaron has explained today's procedure(s) and I authorize those treatment(s).

I give power of consent, limited to dental care, to the adult (18 years or older) who has brought my child (under 18 yrs of age) for dental treatment that day in my place. An adult (18 yrs or above) must come with my child for all invasive care to provide consent to treatment.

PLEASE ASK THE DOCTOR IF YOU HAVE ANY QUESTIONS CONCERNING THIS CONSENT FORM OR DISCUSSED RECOMMENDED DENTAL PROCEDURES FOR THE PATIENT. This authorization is in effect until stopped by parent/legal guardian in writing. I certify that ALL treatment has been discussed before being performed.

⇨ We use verbal distraction, reward/praise, and encouragement to help our patients through care. We request that the parents be in the room for care as "silent helpers" and hold their child's hand for emotional support. Children will naturally listen to their parents instead of us and may not hear our guidance. Therefore, parents must remain as "silent helpers" during care to
⇨ allow us to talk your child through treatment; otherwise, care may be stopped by the dentist. There is a remote possibility that a child may move unexpectedly during treatment requiring temporary restraint to avoid injury.

I certify that I read and write English and have read and fully understand this Informed Consent Discussion for Treatment as well as the verbal informed treatment discussion including: Risks, benefits and alternatives.

Do not sign this form unless you have read it, understood it, and agree with what it says; as well as the verbal informed discussion that accompanies this form. ***UPDATED 11/7/16***

Parent/Legal Guardian Signature ____ Initial Date ____________________

Cell Phone ________________________ Home Phone ______________________ Work Phone ________________________

Read, Sign, and Date at EVERY invasive treatment visit

Signature ____ Date ________________________

Signature ____ Date ________________________

Signature ____ Date ________________________

Signature ____ Date ________________________

Signature ____ Date ________________________

(OVER)

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