

Sierra Vista Dental
4990 E. Mediterranean Drive
Suite A
Sierra Vista, AZ 85635
520-459-3067

Pediatric Dental Treatment Consent Form

I understand the Dentist and Dental Assistants may treat my child for the following dental procedures, which may be necessary to provide dental treatment. I also understand I will be explained why treatments will be performed, but understand the normal procedures for a first time patient may include a comprehensive or limited exam, dental cleaning, fluoride application, sealants and radiographs (x-rays) as necessary. However, this is subject to change depending on the numerous factors including patient's behavior, amount of future work and time.

In general terms the procedures that your child may need include:

- A. Application of sealants
- B. Root canals (permanent teeth) or pulpotomies (primary teeth)
- C. Porcelain crowns or stainless steel crowns
- D. Restoration of broken teeth or fillings
- E. Treatment of infected teeth or gums
- F. Extractions of 1 or more teeth
- G. Use of supports to safely perform necessary dental procedures
- H. Use of nitrous oxide to help reduce anxiety as needed
- I. Use of local anesthetics, oral anesthesia or oral sedatives as needed

My child's treatment, alternative methods of treatment, as well as the advantages and disadvantages of each will be explained to me. We will advise you that although the best results are expected, there is no way within reason, of anticipating complications. Therefore, it is not possible to guarantee the results of the treatment. Although the occurrence is remote, it is known that some risks are associated with dental procedures. I understand and accept that certain complications may be fatal or require medical intervention.

Parent or Guardian's signature

Date