

INFORMED CONSENT


I hereby give the doctors and staff at Patricia Gonzalez Templeton, D.D.S., LLC, my informed consent to provide dental treatment to my child (or myself).

This includes consent to undergo a comprehensive examination, including x-rays (if permitted) and a periodontal charting (if necessary), from which a treatment plan will be formulated. From this treatment plan, this office can provide me with an estimate (if requested) of the cost of the treatment.

I also understand that during the course of the procedure(s), unforeseen conditions may be revealed that necessitate a change in the original procedure(s). I therefore authorize and request that the doctors and staff of this practice to complete such procedures as are necessary and desirable in the exercise of professional judgement. If necessary, additional explanation of the new procedures will be made by the doctors or staff.

Furthermore, I understand that no dental treatment is completely risk free, and that my dentist will take reasonable steps to limit any complications. Possible complications in pediatric dentistry include, but are not limited to:

- Post operative discomfort and swelling. (This includes the discomfort and swelling due to the patient's rubbing and biting of the cheek, tongue and lips as a result of the "numb" feeling).
- Injury to adjacent teeth, fillings and gum.
- Post-operative infection requiring additional treatment.
- Stretching of the corners of the mouth with resultant cracking and bruising.
- Restricted mouth opening for several days.
- Decision to leave small root fragments in the jaw after extractions.
- Injury to the nerve underlying the teeth during anesthesia (shots) or extractions resulting in numbness or tingling of the chin, lip, cheek, gum, and/or tongue; which may persist for several weeks or, in rare cases, permanently. NOTE: This is different from the 1-3 hours of numbness from routine injections.
- Discoloration or bruising of the cheek close to the injection site.
- Exposure of the nerve (not from tooth decay) while preparing a tooth for a crown or filling.
- The need for root canal therapy after restorative work, resulting from damage caused by the drill or deep restorations.

 It is important for me to understand the treatment being rendered, pros and cons of that treatment, and any possible alternative treatments. I understand that if the planned treatment is not clear to me, it is better to ask any question I wish before treatment is started.

Parent or Guardian's signature: _____

Child's name: _____

Date: _____