Holdbrook
PEDIATRIC DENTAL
LLC

INFORMED CONSENT

This consent is meant to provide the parent and/or guardian with specific information regarding your child's dental treatment and appointment. By your signature below, you are indicating that our staff sufficiently went over and explained each bulleted item pertaining to your child's dental treatment and appointment.

- Your child's dental treatment may incur an out of pocket expense. Holdbrook Pediatric Dental will work with your insurance company to obtain an estimated out of pocket expense. This fee is never a guarantee of payment from your insurance company. All out of pocket expenses need to be paid in full prior to your child's dental treatment, unless other arrangements have been made at least two (2) days in advance with our front office staff.

- Your child may be receiving fillings during their dental procedure. I acknowledge that I have been advised whether my child is having composite (white) or amalgam fillings (silver). I understand that based on my insurance I may incur a difference in out of pocket expenses.

- Your child may be receiving crowns (caps) during their dental procedure. I acknowledge that I have been advised whether my child is receiving stainless steel crowns for posterior teeth (silver) or prefab esthetic stainless steel crowns for anterior teeth (white). I understand that based on my insurance I may incur a difference in out of pocket expenses.

- For any Operatory appointments including Sedation and General Anesthesia appointments your child's appointment needs to be confirmed at least twenty-four (24) hours in advance. If we cannot reach you to confirm the appointment it unfortunately will be cancelled. Please make sure our office has correct numbers to enable us to reach you. By my signature below I understand that if my child's appointment is confirmed, and my child is a no-show for the scheduled appointment time, that Holdbrook Pediatric Dental may not be able to reschedule the appointment for a future date.

- My child may have eating restrictions associated with their appointment. By signing below I indicate that I have been made aware of such eating restrictions and understand that if they are not followed my child may or may not be able to be seen for their appointment.

- Due to the nature of Sedation procedures, parents/guardians are not permitted to be present during the procedure.

- Due to the nature of the recovery for Sedation procedures, patient's parent/legal guardian is not permitted to bring any other children under the age of ten (10) to the appointment unless accompanied by another adult of eighteen (18).

X ______________________________ ______________________________
Parent/Guardian Signature Date

______________________________ ______________________________
Signature of Witness Date

Please specify relationship to child:
___Parent with legal custody
___Guardian with legal custody

Please sign on the date of service:

X ______________________________ ______________________________
Parent/Guardian Signature Date

Holdbrook
PEDIATRIC DENTAL
LLC

AUTHORIZATION TO CONSENT TO DENTAL TREATMENT OF A MINOR

Patient's Name: ________________________________ **Date of Service:** ________________

I understand that my child will be having the following treatment:

_____ Fillings Amalgam (silver)

_____ Fillings Composite (white)

_____ Extractions (Removal of Teeth)

_____ Stainless Steel Crowns (Silver)

_____ Esthetic Stainless Steel Crowns (White)

_____ Pulpotomy (Nerve Treatment)

_____ The use of Nitrous Oxide

_____ The use of Oral Sedation

_____ Sealants

__X__ General Anesthesia

__X__ Other (Complete Oral Rehab.)

I understand that during the treatment it may be necessary to change or add procedures because of the conditions found while working on the teeth. I give my permission to Dr. ____________________ to make any/all changes. The authorization is valid until revoked by me in writing.

I have had explained to me, and I have had sufficient opportunity to discuss the patient's dental condition/problem(s), the planned procedures and treatment, and the benefits to be reasonably expected from this treatment, compared with alternative approaches and/or no treatment.

***By signing this consent I understand that due to the nature of my child's appointment if the appointment is confirmed, and my child is a no-show for the scheduled appointment time, that Holdbrook Pediatric Dental may not be able to reschedule the appointment for a future date. Also, all out of pocket expenses need to be paid in full prior to the date of service unless other arrangements are made at least two (2) days prior to the date of serivice.**

X ____________________________ ____________ ____________________________

Signature of Parent/Guardian **Date** **Signature of Witness**

Please Specify relationship to minor:

____ Parent with legal custody
____ Guardian with legal custody

POST SEDATION INSTRUCTIONS

AFTER THE SEDATION: Your child should be encouraged to drink fluids every 15-30 minutes for the remainder of the day and continue resting. Use of Nitrous Oxide and Oxygen Analgesia by face mask that fits over the nose, mouth opening devices and other dental devices may cause facial drying and irritation. Skin cream or Vaseline™ should be routinely applied to the lips and nose. Since the lips and tounge may continue to be numb your child should not be allowed to chew or bite for at least two (2) hours after the procedure. Doing so can result in injury to the soft tissues of the mouth.

SUPERVISION AFTER SEDATION: Since your child will be drowsy for five to six hours after the appointment. SUPERVISION by an adult must be arranged. If your child wants to sleep, lay them on their side and wake them every fifteeen (15) to thirty (30) minutes to check on him/her.

PAIN OR DISCOMFORT: Your child may experience discomfort after the local anesthesia has worn off. Give your child the weight appropriate dose of children's acetaminophen (Tylenol™) or children's ibuprofen (Motrin™) for the remainder of the day of the next morning. Do not give your child any other medications today without checking with the doctor first.

BLEEDING OR OOZING: A slight oozing of blood from the mouth for a day is considered normal. Call our office if there is excessive bleeding. Sometime a small amount of blood mixed with saliva will appear to be excessive bleeding.

DIET: Maintain a liquid diet, such as clear juices, water, jello, popsicles, etc. for the first hour after returning home. If your child does not vomit, then he/she can have a soft diet for the remainder of the day; soup, pasta, eggs, oatmeal, yogurt, puddings, applesauce, mashed potatoes. Avoid hot and spicy foods.

BRUSHING: Gentle brushing with a soft toothbrush and pea sized amount of toothpaste can begin that evening. It is important that an adult brushes his/her child's teeth and does not just watch the child brush. **Remember** a clean mouth will heal more quickly

CROWNS (caps): If your child has had a crown placed, it is important that no hard or sticky candy may be eaten from this point on, hard and sticky candies will pull crowns off teeth. There may be slight bleeding from around the crowns for a few days. This is normal and it is important to continue brushing these teeth and gums to help them heal faster.

PLEASE CALL OUR OFFICE AT (856)-783-0444 IF YOU HAVE ANY QUESTIONS. IF YOU MUST CALL AFTER REGULAR OFFICE HOURS, DR. HOLDBROOK MAY BE REACHED BY EMERGENCY CELL PHONE AT 1-877-684-0586

Parent/Guardian Initial's: X________ **Date:** ________