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# 6043298

Start Date: Thu, Nov 20, 2008

Last User: Marla Gillaspie  
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Kids & Family Dentistry

Joanie Nelson

Colleen Ausan

Ins. Date	Pub.	Sect.	Loc.
Thu, Nov 20, 2008	Special Section	NG	NGIG

# \*6043298\*

Size: 9.243" x 11"

**5. CROWNS AND BRIDGES (CAPS):**

I understand that sometimes it is not possible to match the color of natural tooth exactly with the artificial tooth. I understand that at times, during the preparation of a tooth for a crown, pulp exposure may occur, necessitating possible root canal therapy.

I understand that like natural teeth, crowns and bridges need to be kept clean, with proper oral hygiene and periodic cleaning, otherwise decay may develop underneath of the restoration, leading to further dental treatment.

(Initials) \_\_\_\_\_

**6. DENTURES – COMPLETE OR PARTIAL:**

The problems of wearing dentures have been explained to me including looseness, soreness, and possible breakage, and relining due to tissue change. Follow-up appointments are an integral part of maintenance and success of a prosthetic appliance. Persistent sore spots should be immediately examined by the doctor.

I further understand that surgical intervention (i.e. tori [bone] removal, bone recontouring, or implants) may be needed for dentures to be properly fitted. I also understand that due to bone loss or other complicating factors, I may never be able to wear dentures to my satisfaction.

**7. PEDONTICS (CHILD DENTISTRY):**

It is our goal to provide the best dental treatment possible for all of our patients. This can be difficult if child is uncooperative (i.e. moving hands, legs, head, or kicking, screaming, grabbing the dentist or assistant's hand.) Some of the patient management techniques that might be used include:

**Positive Reinforcement:** rewarding the child who displays positive behavior by using compliments, prizes, a pat on the back or hug and toys.

**Tell-Show-Do:** The dentist tell the patient as to what is going to take place in a very simple terminology, then the dentist will show the procedure on a model, and the treatment will pursue

**Voice Control:** Attention of the disruptive child will be gained by changing the tone or volume of the doctor's voice.

**Physical Restraint by the Dentist or Assistant:** Restraining the child's disruptive movements by holding their hands, legs, head, or upper body by using doctor or assistant's hands or arms.

**Nitrous Oxide:** Nitrous Oxide is a gas that is composed of Nitrogen and Oxygen and is used for sedation. Patient does not lose consciousness.

I understand that with the use of an injection, used to numb the tooth for dental procedures, the possibility exist that the child may inadvertently bite their lip causing injury to occur.

I understand that occasionally a pulpotomy/pulpectomy and subsequent crown may fail and necessitate extraction.

(Initials) \_\_\_\_\_

**I UNDERSTAND THAT NO GUARANTEE OR ASSURANCE HAS BEEN GIVEN THAT THE PROPOSED TREATMENT WILL BE CURATIVE AND/OR SUCCESSFUL TO MY COMPLETE SATISFACTION; I AGREE TO COOPERATE COMPLETELY WITH THE RECOMMENDATIONS OF THE DOCTOR WHILE I AM UNDER HER/HIS CARE, REALIZING THAT ANY LACK OF SAME COULD RESULT IN LESS THAN OPTIMUM RESULT.**

**I CERTIFY THAT I HAVE HAD AN OPPORTUNITY TO READ AND FULLY UNDERSTAND THE TERMS AND WORKS WITHIN THE ABOVE, INCLUDING THE OPPOSING SIDE OF THIS DOCUMENT, AND CONSENT TO THE OPERATION AND EXPLANATION REFERRED TO OR MADE. I HAVE BEEN ENCOURAGED TO ASK QUESTIONS, A DH HAVE HAD THEM ANSWERED TO MY SATISFACTION.**

Patient's Signature (Parent or legal guardian if minor): \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_