Tots N' Teens Pediatric Dental Specialist

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Sealant Consent

Patient's name

I, the undersigned, understand that the treatment of teeth through the use of sealants is a preventive measure intended to facilitate the inhibition of dental caries (tooth decay or cavities) in the pits and fissures of the chewing surfaces of the teeth.

I agree to assume the risks, if any, which may be associated with the placement of sealants even though care and diligence will be exercised by the dentists and/or sealant-certified dental staff of Tots N' Teens Pediatric Dental Specialist during sealant placement.

In addition to possible unsuccessful results and failure of the sealant, the risks of the procedure include but are not limited to the following:

1. Preparation of the teeth: The teeth are prepared through use of an enamel etching technique: using a special acid solution which etches the surface enamel in the area in which the sealant is to be placed to aid in its retention. The etching solution is somewhat caustic and if the patient makes any unexpected movements during the application process there is the possibility that a small amount of the solution may attach to the soft tissues of the mouth which could cause some slight tissue burns. This seldom occurs, but it is a possibility. If the etching solution contacts the root surface, the tooth may develop some temporary sensitivity.
2. Loosening and/or dislodging of the sealant: There is the possibility of the sealant loosening or becoming dislodged over time. The length of time over which this may happen is indeterminable because of the many variables which can impact the life of the sealant including, but not limited to, the following: (a) The forces of mastication (chewing). These forces differ from patient to patient. The forces may be much greater in one patient than in another. Also, the way teeth occlude (come together in chewing) may have an effect on the life of the sealants. (b) The types of food or other substances that are put in the mouth and chewed. Very sticky foods such as some types of gum; sticky candies such as caramels; some licorices; very hard substances, etc. may cause loosening or dislodgment of the sealant. (c) Inadequate oral hygiene such as infrequent or improper brushing of the teeth also may allow leakage around and under the sealant causing it to loosen and allow decay to develop.
3. Entire tooth is not protected with sealants: Sealants are applied primarily to the pits and fissures that are in the chewing surfaces of the teeth. These pits and fissures are extremely susceptible to decay and can be protected through the application of sealants which flow into and seal those areas. However, sealants do not protect the areas between the teeth, so thorough brushing and the use of dental floss in these areas is necessary. Otherwise, decay could develop in those areas uncovered by the sealants.

I, the undersigned, understand that it is my responsibility to notify this office should any unexpected problems occur or if any problems relating to the treatment rendered are experienced. Routine examinations by the dentist are recommended to allow ongoing assessment of the sealants placed.

Informed consent

I have been given the opportunity to ask questions regarding the nature and purpose of sealants and have received answers to my satisfaction. I voluntarily undergo this treatment in hopes of achieving the desired results from the treatment rendered though no guarantees have been made regarding the outcome. I hereby assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment. The fee(s) for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize the dentists and staff of Tots N' Teens Pediatric Dental Specialist involved in rendering the services or treatment necessary to the existing dental condition, including the administration and/or prescribing of any anesthetic agents and/or medications.

Patient's name (please print) | Relationship to patient | Date

Signature of parent / legal guardian | Witness to signature