



Family • Cosmetic • Sedation • Invisalign

## DISCUSSION & INFORMED CONSENT FOR USE OF CHILD PROTECTIVE STABILIZATION

Rev 03/2018

Protective stabilization includes using a papoose board and Velcro straps or being restrained by a parent, guardian and/or dental staff member. At Santa Teresa Dental, we do not use a papoose board, we use only human restraint when it is needed.

### **PROTECTIVE STABILIZATION IS BEING RECOMMENDED BECAUSE:**

The patient is not yet able to cooperate due to age or mental or physical impairment and treatment is needed to prevent or treat pain/infection. The safety of the patient, staff or guardian may be at risk without the use of stabilization.

Sedated patients may require stabilization to help reduce untoward movement.

### **THE DENTIST DISCUSSED WITH ME AND I UNDERSTAND THAT:**

Patients who are unable to cooperate may need to be physical stabilized to complete dental treatment. Stabilization allows dental treatment to be done more safely and effectively. I understand how stabilization helps to protect the patient.

A mouth prop (tooth pillow) may be used to prevent the patient from biting down. It is comfortable and protective for the patient. Although a local anesthetic is used, patients may still cry or be upset.

### **POSSIBLE COMPLICATIONS THAT HAVE BEEN EXPLAINED TO ME INCLUDE:**

Stabilization creates a chance of injury, such as bruising or skin abrasion, choking, panic attacks and injuries to the person performing the restraining.

### **THE DENTIST AND I HAVE DISCUSSED THE BENEFITS AND RISKS OF ALTERNATIVES TO PROTECTIVE STABILIZATION. THESE ALTERNATIVES INCLUDE:**

*Not having any treatment or postponing treatment.* Risks for this alternative: Delaying treatment may cause harm; the dental disease may progress; further damage to teeth may occur; swelling and infection may occur.  
*Treatment under sedation.* This alternative presents risks related to necessary medications and mechanical ventilation (breathing machine), if required.

### **FOR ALL PATIENTS**

I have been given the opportunity to ask questions about Child Protective Stabilization and believe that I have sufficient information to give my consent as noted below.

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## CONSENT

I have been informed, both verbally and by the information provided on this form, of the risks and benefits and alternatives of the proposed treatment. I have been informed, both verbally and by the information provided on this form, of the material risks and benefits of alternative treatment and of electing not to treat my condition. I certify that I have read and understand the above information, that the explanations referred to are understood by me, that my questions have been answered. I authorize and direct the dentist to do whatever he/she deems necessary and advisable under the circumstances. I consent to have treatment performed. While the treatment may be covered by my medical and/or dental insurance, I accept any financial responsibility for this treatment and authorize treatment.

If I am signing for a minor child, I attest that I am the parent and/or a legal guardian or I have the permission of the child's parent and/or a legal guardian (a separate authorization form is required). If I am signing for an adult, I attest that I am a legal guardian and am authorized to make medical and financial decision on patient's behalf.

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