

DISCUSSION & INFORMED CONSENT FOR SEALANTS

Rev 03/2018

I 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. Sealants are placed with the intent to prevent or delay conventional restorative measures used in restoring teeth with fillings or crowns after the onset of dental caries. I agree to assume the risks, if any, which may be associated with the placement of sealants even though the standard of care and diligence will be exercised by my dentist in rendering this treatment. 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. This etching is accomplished in one of two ways:
 - a. Through the use of 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.
 - b. Through the use of a technique called air abrasion. Air abrasion also slightly etches the surface of the enamel in the area in which sealant is to be placed to aid in the retention of the sealant. Air abrasion involves the generation of a powdery dust which, if inhaled, could cause discomfort.

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.

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- 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 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.

FOR ALL PATIENTS

I understand that every reasonable effort will be made to ensure the success of my treatment. I further understand that each person and treatment situation is unique, and therefore, no guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above.

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination. The dentist will explain all changes.

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

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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