

Other dentists, resident dentists or dental trainees may be involved. "My dentist" includes these other dentists.

Instructions to patient: When this consent form is explained to you, please ask any questions you may have. If you do not understand the answers, please ask again until you do understand. If you have any questions at any time about the procedure, please ask.

· My dentist has explained this procedure to me and has told me why I need it. I understand that this procedure may involve: the taking of dental x-rays, impressions for dental casts, photographs, and the use of such anesthetics as may be considered necessary or advisable by the clinical faculty to diagnose and/or treat my/the patient's dental problem(s). I am requesting and authorizing The University of Kentucky College of Dentistry to perform the treatment and procedures outlined on the Treatment Plan, or as discussed with me today prior to start of treatment.

· My dentist has told me what other options I may have and what the risks of those options are. I understand that other forms of treatment or no treatment at all are choices that I have and the risks of those choices have been presented to me. I have decided to have the procedure that my dentist has recommended.

· My dentist has told me that some problems (risks and complications) may happen if I have this procedure. These possible problems include: The possibility of pain or discomfort during and following treatment, swelling, infection, bleeding, or injury to adjacent teeth and surrounding tissue, development of transient or permanent temporomandibular joint (TMJ) disorder, temporary or permanent numbness (due to potential nerve injury), aspiration or swallowing of a tooth, a dental instrument or dental material, allergic reactions to dental materials, and other possible problems that my dentist cannot predict. In addition, it has been explained to me that if I am taking or have taken medications for osteoporosis known as bisphosphonates (such as Fosamax® and Boniva® and Actonel®) I am at risk for developing a serious bone problem known as osteonecrosis of the jaws. This is a disease in which the bone of the jaw dies. Treatment can be difficult and is sometimes not successful. Cases have been reported in which jaw fractures and other problems have occurred. The risk of developing this is not entirely known, but appears to be low when patients are taking oral bisphosphonates for osteoporosis as opposed to having frequent infusions as part of therapy for cancer. It appears to be more common (although still rare) in patients who have taken the drug for longer than 3 years. If you develop this problem after treatment, we may refer you to another medical or dental specialist. This would involve increased treatment time and expense.

· Federal and state laws regulate controlled substances (drugs) that may be abused. Kentucky law requires that you consent to treatment with these drugs before you can receive them. Some illnesses and injuries can result in pain. Some drugs can make the pain more tolerable. Some other drugs can increase focus and reduce hyperactivity. Use of these drugs can cause nausea, sleepiness, drowsiness, vomiting, constipation, sleeplessness, loss of appetite, agitation, aggravation of depression, dry mouth, confusion, slower breathing, and loss of coordination making it unsafe to drive or operate machinery. These drugs can result in physical dependence, meaning that abrupt stopping may lead to withdrawal symptoms, psychological dependence, meaning that stopping may cause you to crave the drug, tolerance, meaning you need more drugs to get the same effect and addiction, meaning you may develop problems based on genetic or other factors. You must tell your doctor if you are pregnant or are considering pregnancy. My dentist has also told me about the possible benefits of the procedure. My dentist has explained my chances of receiving these benefits. I understand the risks of not having this procedure.

- No one has guaranteed me that this procedure will have certain results.
- It is our intent that all care delivered in our dental office shall be the best possible quality that we can provide for each child. Providing a high quality of care can sometimes be made very difficult, or even impossible, because of the lack of cooperation of some patients. Among the behaviors that can interfere with the proper provision of quality dental care are: hyperactivity, resistive movements, refusing to open the mouth or keep it open long enough to perform the necessary dental treatment, and even aggressive or physical resistance to treatment, such as kicking, screaming and grabbing the dentist's hands or the sharp dental instruments.
- All efforts will be made to obtain the cooperation of child dental patients by the use of warmth, friendliness, persuasion, humor, charm, gentleness, kindness, and understanding.
- There are several behavior management techniques that are used by pediatric dentist to gain the cooperation of child patients to eliminate disruptive behavior or prevent patients from causing injury to themselves due to uncontrollable movement. The more frequently used pediatric dentistry behavior management techniques are as follows:
 - **Tell-Show-Do:** The dentist or assistant explains to the child what is to be done using simple language and repeating the explanation, then showing the child what is to be done using instruments on a model or the child's or dentist's finger. Then the procedure is performed in the child's mouth as described. Praise is used to reinforce cooperative behavior.
 - **Positive reinforcement:** This technique rewards the child who displays any behavior which is desirable. Rewards include compliments, praise, a pat on the back, a hug or a prize.
 - **Voice control:** The attention of a disruptive child is gained by changing the tone or increasing the volume of the dentist's voice. Content of the conversation is less important than the abrupt or sudden nature of the command.
 - **Mouth props:** A rubber covered metal device is placed in the child's mouth to prevent closing when a child refuses or has difficulty maintaining an open mouth.
 - **Physical restraint by the dentist:** The dentist restrains the child from movement by holding down the child's hands or upper body, stabilizing the child's head between the dentist's arm and body, or positioning the child firmly in the dental chair.
 - **Physical restraint by the assistant:** The assistants restrain the child from movement by holding the child's hands, stabilizing the head, and/or controlling leg movement.
 - **Papoose Boards and Pedi-Wraps:** These are restraining devices for limiting the disruptive child's movements to prevent injury and to enable the dentist to provide the necessary treatment. The child is wrapped in these devices and placed in a reclined dental chair.
 - **Sedation:** Sometimes drugs are used to relax a child who does not respond to other behavior management techniques or who is unable to comprehend or cooperate for the dental procedures. These drugs may be administered orally, by injection or as a gas (nitrous oxide and oxygen). The child does not become unconscious. Your child will not be sedated without your being further informed and obtaining your specific written consent for such procedures.

The above listed pediatric dentistry behavior management techniques have been explained to my satisfaction and I consent to their use with my child if deemed necessary by the dentist.

- I have received the **Notice of Privacy Practices of the University of Kentucky**. My dentist has told me that any information that identifies me will be kept private. I understand that the Notice lets my dentist give my information to certain other people or groups. If this happens, I understand that my information may not be as private as it would be if no one received this information.
- I consent to let my dentist perform other procedures in connection with this procedure, if the dental staff decides that I need these other procedures.

- I consent to let the dental staff take any photographs, moving pictures, television images, or other pictures or videotapes during my treatment. I understand that these images will be used only to advance dental/medical knowledge and will not identify me.
- If any life-threatening or serious condition causes a severe problem with my circulation, my breathing, or other organs, I consent to treatment and any procedures the medical staff decides are necessary for my care in the Intensive Care Unit at a UK HealthCare hospital.
- My advance directives (such as a living will) will still be in effect AFTER I receive any treatment for a reversible condition (a condition that can be corrected) related to this procedure. I consent to let the authorities of this facility get rid (dispose) of any teeth, tissues, or other parts that may be removed from my body.
- I understand that the University of Kentucky College of Dentistry teaches and trains dentists and other health care providers. Dentists in training and other dental trainees may be involved in my care with the appropriate supervision of my dentist.
- I understand that someone from the University of Kentucky may contact me in the future to ask me to take part in research.

I have read this consent form, and it has been explained to me. I understand the planned procedure(s) and the sedation and anesthesia that will be used. I have had the chance to ask all of the questions I have about this procedure(s), its alternatives, its risks, its benefits, and possible complications. I have been given answers to my questions, and I understand the answers.

Signatures

SIGNATURE OF PATIENT/PERSON CONSENTING TO TREATMENT:

Consenting Person: _____ Signature _____

Sign Date: _____ Sign Time: _____

IF OTHER THAN PATIENT, INDICATE RELATIONSHIP: _____

SIGNATURE OF PROVIDER: _____

WITNESS: _____

Denied Items: _____