



BAYOU
CHILDRENS
DENTAL CENTER

CONSENT
FOR DENTAL TREATMENT

4752 HWY. 311, STE. 115 HOUMA, LA 70360

T. 985.868.8331

F. 985.868.8332

Consent for Dental Treatment

Louisiana State law requires us to obtain your consent before performing your child's dental treatment or oral surgery. Please read this form carefully and ask about anything that you do not understand. We will be pleased to explain it.

I hereby authorize and direct Dr. Cavallino and/or Dr. Gaudet assisted by dental auxiliaries, to perform upon my child the following checked procedure(s):

☐ A. Radiographs (x-rays) of the teeth and jaws.

☐ B. Cleaning of the teeth and application of topical fluoride.

☐ C. Application of sealants or preventive resins to the grooves of the teeth.

☐ D. Use of local anesthesia to numb the teeth and tissues.

☐ E. Treatment of diseased or injured teeth with dental restorations (fillings or crowns).

☐ F. Treatment of diseased or injured teeth with nerve treatment (pulpotomy or pulpectomy).

☐ G. Removal (extraction) of one or more teeth.

☐ H. Placement or space maintainer for prematurely lost baby teeth.

☐ I. Treatment of injured oral tissues (hard and/or soft).

☐ J. Replacement of missing teeth with dental prosthesis.

☐ K. Treatment of malocclusion and/or developmental or growth abnormalities.

☐ L. Use of nitrous oxide ("laughing gas") to reduce anxiety.

☐ M. Use of physical restraint or restraining devices to safely accomplish the dental procedures.

☐ N. Use of general anesthesia to accomplish the necessary dental treatment.

The nature and purpose of the treatment and procedures have been explained to me by Dr. Cavallino and/or Dr. Gaudet. Alternate procedures or methods of treatment, if any, have also been explained to me, as have their advantages and disadvantages, the risks, consequences and probable effectiveness of each, as well as prognosis if no treatment is provided. I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the result of the treatment or as to cure.

Although their occurrence is not frequent, some risks and complications are known to be associated with dental or oral surgery procedures. Most common include children biting and injuring their tongue or lip following administration of local anesthesia. Less common include numbness, infection, swelling, prolonged bleeding, discoloration, nausea, vomiting, allergic reactions, injury to treatment site, swallowing or aspiration of a crown form or extracted tooth. I further understand and accept that complications may require additional medical, dental, or surgical treatment and may require hospitalization and may even result in death.

I hereby state that I have read and understand this consent form, that I have been given an opportunity to ask questions I might have, and that all questions about the procedure(s) have been answered in a satisfactory manner. I understand further that I have the right to be provided with answers to questions which may arise during the course of my child's treatment. I further understand that I am free to withdraw my consent at any time, and that this consent will remain in effect until such time that I choose to terminate it.

Patient _____ Date _____ Time _____

Signature of Parent, _____ Relationship _____

Dentist's Signature _____ Witness _____

See Reverse for Consent for Behavior Management



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CONSENT
FOR BEHAVIOR MANAGEMENT

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CONSENT FOR BEHAVIOR MANAGEMENT

We encourage you to be involved in your child's dental treatment and to become familiar with the behavior management techniques commonly used. Management methods used in pediatric dentistry are directed towards goals of communication, alleviating fear and anxiety, and building a relationship of trust. The selection of any technique is based on many factors including the age and emotional development of your child.

The following are commonly used behavior management techniques:

Tell-Show-Do

The dentist or assistant tells the child what is to be done using simple terminology and repetition and then shows the child what is to be done by demonstrating with 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

Rewarding a child for desirable behavior. Rewards can include compliments, praise, a pat on the back, or a prize.

Voice Control

A controlled alteration of voice volume, tone or pace intended to gain a child's attention and influence or direct patient behavior.

Mouth Props

A rubber or metal device placed in the child's mouth to prevent closing when a child has difficulty maintaining an open mouth or refuses to open.

Parental Presence/Absence

Parents are welcome in the treatment area. The primary role of the parent in the treatment area is to be a silent observer, unless invited by the dentist or staff to help or participate in treatment. Occasionally, the parent may be asked to step out of the room. If asked to leave, please be prepared to do so. The objective is to gain the child's attention, establish communication, and avert negative or avoidance behavior.

Nitrous Oxide/Oxygen

"Laughing gas" is a safe and effective inhalation sedation technique that can be used to help reduce anxiety. It's onset of action is quick and it is eliminated from the body within 5 minutes after administration has stopped.

Protective Stabilization

Partial or complete immobilization of the patient to protect him/her from self injury. Restraint can be performed by the dentist, staff, or parent, with or without the aid of a restraining device.

General Anesthesia

Controlled state of unconsciousness performed by an anesthesiologist in a hospital or surgery center (Gulf Coast Surgery Center or Childrens).

I have read this paper and the behavior management techniques have been explained to me. I consent to their use for my child.

Parent/Guardian _____

Date _____

See Reverse for Consent for Dental Treatment