

INFORMED CONSENT for PATIENT MANAGEMENT TECHNIQUES and ACKNOWLEDGMENTS of RECEIPT of INFORMATION (continued)

8. **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.

9. **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, but your child may fall asleep. Your child will not be sedated without your being further informed and obtaining your specific consent for such procedure.**

10. **General anesthesia:** This is a hospital procedure used in some cases. Due to increased physical danger and increased cost most parents choose not to do this procedure. If needed by the patient's condition or desired by the parent, we will discuss this procedure in more detail.

The listed pediatric dentistry behavior management techniques have been explained to me. Alternate techniques for treatment, if any, have also been explained to me, as have the advantages and disadvantages of each.

I hereby authorize Drs. Grabowsky/Launspach, assisted by dental auxiliaries of his choice, to utilize the behavior management techniques listed on the first page of this form to assist in the provision of the necessary dental treatment for _____ my child (or legal ward); with the exception of: (if none, so state.)

There may be a \$25 or 10% of treatment cost fee (whichever is greater) for management per appointment of any patient in this office. This fee may be charged in addition to a \$50 fee for use of Nitrous Oxide sedation.

I hereby acknowledge that I have read and understand this consent, and that all questions about the behavior management techniques described have been answered in a satisfactory manner, and I further understand 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 this consent shall remain in effect until terminated by me.

Date: _____ Time: _____ am/pm File Number: _____

Patient's Name: _____

Signature of Parent or Guardian: _____

Relationship to Patient: _____ Witness: _____

I certify that I explained the above procedures and techniques to the parent or legal guardian before requesting their signature.

(Signature of Dentist/Assistant)