

INFORMED CONSENT FOR WILLOWBROOK DENTISTRY FOR CHILDREN

It is your right, as a parent, to understand the risks, benefits, and alternatives of your child's dental treatment, and to accept or refuse treatment offered to your child.

Please read this form carefully and ask about anything you do not understand.

EXAM

Every child is a unique individual thus not every child will require the same treatment to obtain a comprehensive oral examination. Based upon your child's age, teeth present, and tooth position, Dr. Kim will determine if radiographs (x-rays) are necessary. In general, the examination appointment also includes cleaning of the teeth and application of topical fluoride. If you have any questions or concerns about our examination procedure, please call the office (630)570-0858.

TREATMENT

If your child should need any dental treatment after dental exam has been completed, Dr. Kim will review the planned treatment with you. Please read the following information regarding dental treatment at our office.

- It is our policy that all treatment options are explained to the parent(s), including treatment alternatives, advantages, and disadvantages of each. Although good results are expected, it is not possible to guarantee success due to the possibility of complications.
- Risks that are occasionally associated with dental treatment procedures include: numbness, swelling, bleeding, soreness, tooth discoloration, nausea, vomiting, hyperventilation, fainting, allergic reactions and infection. On rare occasions, complications may arise that require hospitalization.
- I agree to remain within the dental office facility while my child is being treated.

I have been advised of the benefits, risks, and possible side effects of proposed treatment, and possible consequences of not receiving the treatment. Treatment alternatives, including no treatment, have been presented to me and all of my questions regarding my child's care have been answered satisfactorily.

With my signature I authorize Willowbrook Dentistry for Children to perform a dental exam upon my child and I acknowledge that I have reviewed the possible risks and complication associated with dental treatment that may be necessary.

Patient Name: _____

Date: _____

Parent/Guardian Signature: