

General Informed Consent

Pearland Pediatric Dentistry
2360 County Road 94, Suite 102
Pearland, TX 77584

Pearland Pediatric Dentistry's mission is to practice preventive pediatric dentistry and create a comfortable and friendly environment for infants, children, young adults, and special needs patients. We are committed to providing a supportive, safe, and welcoming dental experience.

State law requires Pearland Pediatric Dentistry to obtain verbal and written consent before any dental or oral surgical services can be provided for our patients. Our policy is to inform the parent/guardian before we perform any procedures. Once permission is granted, we can conduct the following procedures if needed: comprehensive clinical examination, diagnostic x-rays, thorough dental cleaning and preventive fluoride treatment.

If further dental treatment is required, we must get consent for various procedures that may include, but are not limited to: local anesthesia, controlled nitrous oxide-oxygen sedation ("laughing gas"), extractions, and dental restorations. We will inform you of all treatment options, but will also inform you of the recommended treatment plan. We employ a few behavior management techniques such as: tooth pillows (a comfortable device used to keep the patients mouth open), the "tell-show-do" method, modeling, and voice control.

If your child requires operative treatment/dental restorations, there exist some risks. These occur very rarely and include: numbness, infection, swelling, bleeding, pain, bruising, discoloration, nausea, vomiting, allergic reactions, and aspiration or swallowing of a foreign object.

We stress the importance of arriving promptly for all pre-scheduled appointments. If you are unable to arrive on time or if you need to reschedule an appointment, please contact us as early as possible.

If there are any questions pertaining to this form or the information contained within it, or any other aspect of our dental philosophy or patient management, feel free to ask us.

The signature of a parent or a guardian affixed below authorizes the completion of all agreed upon dental procedures and the use of agreed upon methods. This consent shall remain in full force until cancelled by either party. Thanks for your cooperation.

Printed Patient's Name

Your Signature

Patient's Age

Print Your Name

Witness' Signature

Your Relationship To Patient

Today's Date