



Patients with Office of State Guardian (OSG) guardianship must have this consent signed by OSG prior to the appointment

This form is to obtain your informed consent for patient management techniques. Though this form may not apply to every patient, it is important each patient/guardian be given this form for review. Informed consent indicates your awareness of sufficient information to allow you to make an informed personal choice concerning the patient’s dental treatment after considering the risks, benefits and alternatives. Please read this form very carefully and ask us about anything that you do not understand. The dentist or the dental staff will be pleased to explain it further if needed. Thank you.

Our goal is to provide a high quality of dental care for every patient. Sometimes, this can become very difficult, or even impossible, because of lack of cooperation in the dental chair of some patients. Behaviors that can interfere with providing quality dental care are: hyperactivity, refusing to open the mouth or keep it open long enough to perform the dental treatment, aggressive or physical resistance to treatment, such as kicking, screaming, grabbing sharp dental instruments or the dentist’s or dental assistant’s hands.

We make all efforts to obtain the cooperation of each patient by the use of gentleness, friendliness, humor, kindness, understanding and persuasion. Sometimes, none of these routine techniques are helpful in obtaining a patient’s cooperation for dental treatment. For the patients who are unwilling or unable to cooperate, the Dentist must rely on other behavior management techniques to deliver safe and effective dental treatment. In such situations, there are behavior management techniques that are useful in eliminating disruptive behavior or to prevent a patient from causing self-injury due to uncontrolled body movements.

A: Following are the behavior management techniques that may be used on patients who do not cooperate in the dental chair. Please note that these techniques are used carefully, and only when necessary.

1. **Voice Control** Voice control is controlled alteration of the voice volume, tone or pace to influence and direct the patient’s behavior. The attention of an uncooperative or inattentive patient is gained by using a firm tone, changing the tone or increasing the volume of the voice.
2. **Physical Restraint by the Dentist**: The dentist gently restrains the patient from unwanted or unexpected movement by holding the patient’s hands, stabilizing the patient’s head between the dentist’s arm and body, or positioning the patient firmly in the dental chair.
3. **Physical Restraint by Dental Assistants**: The assistant(s) gently restrains the patient from unwanted or unexpected movement by holding the patient’s hands, stabilizing the head, and or controlling leg movements.
4. **Mouth Prop**: A rubber or plastic device is placed in the patient’s mouth to prevent closing when a patient refuses to open the mouth or has difficulty maintaining an open mouth.
5. **Rainbow Wrap**: Used only in special cases. This is best described as a “safety robe” or “blanket” allowing the patient to feel secure rather than threatened. The rainbow wrap allows the needed dental work to be done while minimizing the possibility of accidental injury to the patient due to uncontrolled body movements.
6. **Oral Sedation**: Some patients benefit from a prescription for an oral sedative to help relax them for dental appointments. This decision will be made by the treating dentist.

B Policy on presence of Parents/Guardians in the Treatment Area: Most dentists prefer that patients go into the treatment room alone without the parent or guardian. This helps in developing the one-on-one relationship of trust and cooperation between the patient and the dental team. Parents or guardians are allowed to be present in the treatment room. However, you are requested to be a “silent observer” to allow the dentist and the staff to communicate with the patient. If your assistance is required, we will make the request.

C I hereby acknowledge that I have read and understand this consent form. I have been given the opportunity to ask any questions that I might have. All questions about the behavior management techniques have been answered in a satisfactory manner. Alternate techniques for treatment if any, and the advantages and disadvantages of each have been explained to me. I understand that I have the right to be provided with answers to questions that may arise during the course of my child’s dental treatment. I also understand that I am free to withdraw my consent for treatment at any time. This consent shall remain in effect until I choose to terminate it.

Do you have any objections? _____ Yes _____ No

If yes, Please explain: _____

D By signing this consent form, I authorize and direct the dentist assisted by the dental staff of his/her choice, to utilize upon this patient (or legal ward for whom I an empowered to consent) the behavior management techniques listed on this form, to assist in providing the necessary dental treatment.

Today’s Date: _____ Patient’s name: _____ Date of Birth: _____

Printed name of person completing form: _____ Signature: _____

Relationship to patient: _____ Are you legally responsible for this child _____ Yes _____ No

These forms are meant for legal guardians to sign, if you are a facility agent and have authority to make medical decisions for your patient, please provide a copy of that document for our records.