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Dental Consent Form (TO BE COMPLETED BY PERSON HAVING PARENTAL AUTHORITY)

PATIENT INFORMED CONSENT	PATIENT NAME: _____
PEDIATRIC BEHAVIOR MANAGEMENT/	RECORD NO: _____
NITROUS OXIDE/OXYGEN	BIRTH DATE: _____ / _____ / _____
	MO DATE YEAR

The following information is provided to help make you better informed so that you may give or withhold your consent the following procedures discussed: it is not meant to scare or alarm you. Please read this consent form carefully and ask about anything that you do not fully understand.

With regard to my child _____, I _____, I _____
Patient's Name Parent or Legal Guardian
voluntarily request Dr. _____ and other health care providers as he/she may see
Print
necessary to treat my child's condition which has been explained to me as dental decay.

I understand and consent to the use of behavior management techniques to facilitate the rendering of necessary dental treatment including but not limited to positive reinforcement, time-out, voice control, various forms of physical restraint, and nitrous oxide with oxygen (laughing gas). If I wish any exceptions I have so noted as follows:

If you wish no exceptions, please write "NONE" _____.

Females: If you suspect or know that you are pregnant, it is important that you tell us this right now! There is a possible risk to your unborn baby which we need to explain to you, and also a higher risk for sudden miscarriage or loss of the baby.

We believe the need for nitrous oxide/oxygen inhalation sedation outweighs the risk of not providing it.

Alternate forms of treatment, as well as the option of no treatment, have been explained to me with the advantages and disadvantages, risks and probable effectiveness of each. I have been advised that though good rest is expected, the possibility and nature of complications cannot be accurately anticipated and therefore there can be no guarantee as expressed or impelled either as to the result or as to cure.

Although their occurrence to extremely rare, some risks are know to be associated with the anesthetic also include but not limited to: nausea, breathing problems, or brain damage. I further understand and accept that, though unlikely, complications my require hospilization and may even result in death. The dentist has fully informed me of any possible complications with this procedure.

I thereby state that I have read and understand this consent, and that all questions about the procedures have been answered in a satisfactory manner.

Patient: _____ Date: _____
Relationship to patient: _____ Patient Record No. _____
Witness: _____ Faculty: _____ Code: _____
Signature Signature