



PEDIATRIC DENTISTRY

Dental Terminology

1. WORK TO BE DONE: I understand that my child is having one or more of the following works done in the office: Fillings, sealants, Crowns (SSC for posterior teeth, white for anterior teeth), pulpotomy or pulpectomy, X-rays, extractions, space maintainer, cleaning and fluoride varnish.

2. DRUGS AND MEDICATION: I understand that antibiotics, analgesics, and other medications can cause allergic reactions, causing redness and swelling of tissue, pain, itching, vomiting, and anaphylactic shock.

3. CHANGES IN TREATMENT PLAN: I understand that during treatment, it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during the examination—for example, pulpal therapy or extractions following routine restorative procedures. I give my permission to the treating dentist to make any/all changes and additions as necessary.

4. EXTRACTIONS: Alternatives to removal have been explained to me (pulpal therapy, crowns). I understand that removing teeth does not always remove all the infection, if present, and that it may be necessary to have further treatment or antibiotics. I understand the risks involved in having teeth removed, some of which are pain, swelling, spread of infection, dry socket, and loss of feeling in my teeth, lips, tongue, and surrounding tissue (that can last for an indefinite period), or a fractured jaw. I may need further treatment by a specialist if complications arise during or following treatment. I hereby consent to tooth extractions in conjunction with dental treatment. I am aware of the benefits/risks involved with this procedure, and I have had the opportunity to have my questions answered.

5. SPACE MAINTAINER: If a baby tooth is lost prematurely, neighboring teeth may shift and create problems for adult teeth trying to come in later. To minimize this problem a space maintainer is used to hold teeth in their correct positions. This is done by placing bands and wire between teeth to hold them apart from one another. I understand the risks associated with having a space maintainer may include soreness and sensitivity of the area, soft tissue (cheek/gum). I understand a space maintainer requires diligent care to keep it clean. If not, decay may form from food and plaque buildup that may lead to additional dental treatment. The space maintainer may become loose and require reseating assuming it will fit again. If not, a new one may need to be made and any additional fees would be discussed at this time.

5. CROWNS (silver for posterior teeth/ white for anterior teeth): A crown restores the form and function of a tooth. If a deciduous (baby) tooth has too much dental decay and needs something cohesive to hold the tooth together, then a crown should be placed. A stainless-steel crown is a very durable restoration used for back teeth. Stainless steel crowns are commonly used on deciduous (baby) teeth, or permanent (adult) teeth that aren't fully erupted and are not ready for a permanent adult crown. If the tooth has had a nerve treatment, a stainless-steel crown is often placed afterward. Teeth which have had nerve treatment tend to become brittle and are more likely to break if a large filling only is placed. Failure rates for stainless steel crowns are less than 1% per year. I understand a poor oral hygiene and accumulation of plaque

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on the crowns can lead to gingival inflammation and bleeding gum. I fully understand the risk and benefits of receiving a crown for my child. I have been given the opportunity to ask questions regarding the nature and purpose of a crown and have received answers to my satisfaction.

Stainless steel crowns are contra-indicated in a patient with a known nickel allergy

6. PULPOTOMY OR PULPECTOMY: A PULPOTOMY or a PULPECTOMY are very common procedures in children to preserve the tooth for an undetermined period of time and have a reasonably good prognosis of success. When a cavity gets really deep, close to the pulp of a tooth or even into the pulp, the pulpal tissue becomes irritated and inflamed. If the inflammation and infection continue without treatment, the tooth will likely eventually abscess. I understand the risks associated with pulpotomy are but not limited to prolong numbness, tooth/root fracture, pain and in some cases if the tooth is not healing it may lead to extraction. My alternative to pulpal therapy is extraction. I fully understand the risk and benefits of pulpal therapy. I have been given the opportunity to ask questions regarding the nature and purpose of this procedure and have received answers to my satisfaction

7. FILLINGS: I understand that care must be exercised in chewing on fillings especially during the first 24 hours to avoid breakage. I understand that a more extensive filling than originally diagnosed may be required due to additional decay. I understand that significant sensitivity is a common after effect of a newly placed filling. I understand in some cases when the cavity is getting too deep placement of a crown or extraction might be indicated.

7. SEALANTS: Sealant is a preventive measure intended to facilitate the inhibition of dental caries (tooth decay or cavities) in the pits and fissures of the chewing surfaces of the teeth. Sealants are placed with the intent to prevent or delay conventional restorative measures used in restoring teeth with fillings or crowns after the onset of dental caries. There are minimal risks associated with the placement of sealants. The patient may feel some discomfort during the procedure from holding the mouth open for an extended amount of time but there is no anesthetic needed, as the procedure is virtually painless and noninvasive. There is the possibility of the sealant loosening or becoming dislodged over time. The length of time over which this may happen is indeterminable because of the many variables which can impact the life of the sealant including, but not limited to the forces of mastication (chewing), the types of food or other substances that are put in the mouth, and inadequate oral hygiene.

9. LOCAL ANESTHETISIA: Most dental procedures require use of a local anesthetic for pain control. I understand that a local anesthetic may consist of different medications that are injected into the cheek, jaw or gum area. These drugs may include lidocaine, prilocaine, mepivacaine, bupivacaine, articaine, or others. I was informed about the risks associated with administration of local anesthesia including swelling, bruising, or soreness at the injection site, temporary numbness outside of the mouth, temporary rapid heartbeat. I understand the most common side effect of local anesthesia in children is trauma to the tongue and lip. Children who never had local anesthesia in the past may bite their lip or their tongue due to being numb. It is my responsibility to monitor my child 3-4 hours after his/her treatment to avoid any possible soft tissue trauma.

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