

**INFORMATIONAL INFORMED CONSENT
OCCLUSAL SEALANTS**

I UNDERSTAND that the treatment of teeth through the use of sealants is a preventive measure intended to facilitate the inhibition of dental caries (tooth decay) in the pits and fissures of the chewing (occlusal) 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. I agree to assume any risks, if any, which may be associated with the placement of sealants even though care and diligence will be exercised by Dr. _____ in rendering this treatment. Those risks include possible unsuccessful results and/or failure which are associated with, but not limited to the following:

1. **Preparation:** The teeth are prepared through use of an enamel etching technique. This etching is accomplished in one of two ways:
 - a. Through using a special acid solution which merely etches the surface enamel in the area in which the sealant is to be placed to aid in its retention. The etching solution is somewhat caustic and if the patient makes any quick movements or interferes with the application of the etching agent there is a remote possibility of isolation of the working field being breached and a small amount of the solution finding its way onto limited areas of the soft tissues of the mouth which could cause some slight tissue burns. This seldom occurs, but there is a remote possibility. If the etching solution contacts the root surface the tooth may develop transient sensitivity.
 - b. Through using a technique called "air abrasion". Air abrasion also slightly etches the surface of the enamel in the area in which the sealant is to be placed to aid in the retention of the sealant. Air abrasion involves the generation of a powdery dust which is sometimes accidentally inhaled and could cause some discomfort.

2. **Debonding and/or dislodging:** There is the possibility of the sealant debonding or becoming dislodged over a period of time. This time is indeterminable because of many variables including, but not limited to the following:
 - a. The forces of mastication (chewing). These forces differ from patient to patient. The forces may be much greater in one patient than in another. Also, the way the teeth occlude (come together in chewing) may have an effect on the life of the sealants.
 - b. The types of food or other substances that are put in the mouth and chewed. Very sticky foods such as some types of gum; sticky candies such as caramels; some licorices; very hard substances, etc; may cause debonding or dislodgment.
 - c. Inadequate oral hygiene such as infrequent or improper brushing of the teeth also may allow debonding with leakage around and under the sealant causing it to fail and allow decay to develop.

3. **The entire tooth is not protected with sealants:** Sealants are applied primarily to the pits and fissures that are in the chewing (occlusal) surfaces of the teeth. These pits and fissures are extremely susceptible to decay and can be protected through the application of sealants which flow into and seal those areas. However, sealants do not protect the areas between the teeth, so thorough brushing and the use of dental floss in these areas is necessary. Otherwise decay could develop in those areas uncovered by the sealants.

4. I understand that it is my responsibility to notify this office should any undue or unexpected problems occur or if any problems relating to the treatment rendered are experienced. Routine examinations by the dentist are recommended to allow ongoing assessment of the sealants placed.

INFORMED CONSENT: I have been given the opportunity to ask questions regarding the nature and purpose of sealants and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of achieving the desired results from the treatment rendered to my child. The fee(s) for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize Dr. _____ and/or all associates involved in rendering the services or treatment necessary to the existing dental condition, including the administration and/or prescribing of any anesthetic agents and/or medications.

Patient's name (please print)

Signature of patient, parent, legal guardian,
or authorized representative

Date

Witness to signature

Date

