

Pediatric Informed Consent Form

Dental Impressions

Date: _____

Team: _____

Patient Name: _____ Phone #: _____ D.O.B. _____

Patient Address: _____, CA _____

Name of Legal/Custodial Guardian: _____ Relationship to minor: _____

Guardian address (if different): _____, CA _____

Guardian Phone #: _____

1. Does the patient have any current known health problems which might inhibit the successful outcome of this procedure? Yes / No (explain)

2. Does the patient have any specific known allergies to: Yes / No (check only those that apply or explain)
____ latex? ____ vinyl? ____ plastics? ____ alginate?

3. Has the patient ever had an adverse reaction to a dental impression? Yes / No (explain)

This procedure is the standard industry practice for obtaining an accurate dental impression of a patient's teeth. An authorized person wearing latex or vinyl gloves mixes an alginate impression powder with water to make an alginate paste. The alginate paste is placed in a metal or plastic dental impression tray. The tray containing the alginate paste is securely placed completely around the upper and or lower dental bite of the patient's teeth until the alginate paste becomes a firm gel, 2 minutes or less. The dental impression tray, with the set alginate impression, is removed from the patient's mouth. The patient evacuates any remaining materials from their mouth.

____ I have read and understand the exposure risk information provided.

The sports mouth guard provided by the Dentist is made from the unique impression of each patient's teeth. This mouth guard is only intended for the specific use of this patient. Do not expose the mouth guard to extreme heat, heat distorts and impairs their function & effectiveness. The mouth guard should be cleansed with toothbrush and cold water only, and stored in a cool area.

I am the legal guardian or the minor child identified above on this form. I assert that the personal & health information provided above is true and correct. I have no further questions regarding the dental impression procedure or its associated risks. I hereby consent and authorized this Dentist or his agent to perform a dental impression for the minor patient identified above, I assume all risks associates with it. Further, I hold everyone else harmless. I understand that the mouth guards to be provided are a public service to the minor child. I assume all liabilities arising out of its use. I hold everyone else harmless from any and all liabilities arising from this dental impression and the use of the mouth guards made from it. This liability waiver extends to Dr. David Datwyler, Dr., his staff, Dell Dahle, Fit Pro Mouth Guards & staff, and anyone else associated with this gift.

Legal Guardian's Signature: _____ Printed name of minor: _____

Printed name of Legal Guardian: _____ Date Signed: _____

Only an extremely small statistical percentage of patients ever experience any adverse effects from having a dental impression taken.

However, the dental impression procedure does expose the patient to latex or vinyl gloves, a metal or plastic dental impression tray, and a mixed alginate impression paste. Some known health complications rarely associated with this procedure include minor gagging, vomiting, skin irritation, local sensitization, hives, rhinitis, conjunctivitis, asthma due to broncho-constriction, and in severe cases anaphylactic shock and hypotension. Symptoms can occur soon after exposure, but may also appear up to several days later.

If you experience any of these symptoms contact your doctor immediately or go to the nearest hospital.