

Informed Consent for use of Protective Stabilization

Protective stabilization includes: the use of a Papoose Board, Velcro straps, or being restrained by a parent, guardian, and/or dental staff member. Type of Stabilization: _____

Protective stabilization is being recommended because:

- The patient is not yet able to cooperate due to age or mental or physical disability, and treatment is needed to prevent or treat pain/infection.
- The safety of the patient, staff, or guardian may be at risk without the use of protective stabilization
- Sedated patients may require stabilization to help reduce untoward movement
- Other: _____

The dentist discussed with me and I understand that:

- Patients who are unable to cooperate sometimes need to be stabilized to complete dental treatment.
- It allows dental treatment to be done more safely and effectively. I understand how stabilization helps to protect the patient.
- A mouth prop (tooth pillow) may be used to prevent the patient from biting down. It is comfortable and highly protective for the patient.
- Although local anesthetic is used, patients may still cry or be upset.

Possible complications that have been explained to me include:

- Chance of injury, such as bruising or skin abrasion.
- Nausea and vomiting.

The dentist and I have discussed alternatives to protective stabilization. These alternatives include:

- Not having any treatment here or postponing treatment.
- Treatment in an operating room, if available and needs are extensive.
- The alternatives have been explained to me and I understand those alternatives.

Risks of not performing any treatment _____

This consent is valid: [] today only [] for current treatment plan

PATIENT IDENTIFICATION:

PATIENT CONSENT:

I consent and understand to the above procedure and agree to cooperate with Dr._____. I will follow post-operative instructions to the best of my ability for my own (or for the patient under my guardianship's) comfort and safety. I have had an opportunity to ask questions about the above treatment.

Patient or Parent/Legal Guardian

Date Time

Provider (who obtains consent)

Witness or Interpreter