

Sample Form: Discussion and Consent for Use of Protective Stabilization

Patient's Name: _____ Date of Birth: _____
Last First Initial

I am being provided with this information so that I may fully understand the recommended procedure. Before making a treatment decision, I wish to be provided with sufficient information, in a way I can understand, in order to make a well-informed decision about the procedure for me (or for the patient under my guardianship).

I understand that I may **ask any questions I wish** regarding the recommended procedure.

Nature of the Recommended Procedure and Risks

Protective stabilization may include: the use of a stabilization board, fabric wraps, Velcro® materials, or being restrained by a parent, guardian, and/or dental staff member.

Type of stabilization to be used: _____

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 and protect them from harming themselves or others.
- Other: _____

The dentist discussed with me and I understand that:

- Patients who are unable to cooperate sometimes must be stabilized during dental treatment.
- It allows dental treatment to be performed 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 a local anesthetic is used to numb the teeth and/or gums, patients may cry or become upset.

Possible risks and complications that have been explained to me include:

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

continued...

Alternative Procedures and Their Risks

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

- Not having any treatment here or postponing treatment. Risks for this alternative: Delaying treatment may cause harm; the dental disease will progress; further damage to teeth may occur; swelling and infection may occur. The specific type(s) and level of risk(s) in this case are: _____

- Treatment in an operating room, if available and needs are extensive. This alternative presents risks related to necessary medications and mechanical ventilation (breathing machine), if required. Medications may include: sedative/hypnotic drugs; general anesthetics (gases); other drugs deemed necessary. The risks of operating room procedures and general anesthesia are substantial, including serious infections and death.
- Other information: _____

No other reasonable option exists for my situation (or for the patient under my guardianship).

Patient's Initials I have had an opportunity to ask questions about the alternatives and the risks included in this form, and any other risks I have heard or thought about.

Acknowledgment

I, _____, have received information about the proposed protective stabilization procedure. I have discussed my treatment with Dr. _____ and have been given an opportunity to ask questions and have them fully answered. I understand the nature of the recommended procedure, the risks of the recommended procedure, the alternatives, and the risks of refusing the procedure. I understand that Dr. _____ may refuse to proceed with treatment in order to protect me (or the patient under my guardianship).

I acknowledge that I have read this document in its entirety, that I fully understand it and that all blank spaces have been either completed or crossed off prior to my signing.

I wish to proceed with the recommended protective stabilization procedure.

Signed: _____ Date: _____
Patient or Guardian

Signed: _____ Date: _____
Treating Dentist

Signed: _____ Date: _____
Witness