

Sealants Consent

First Name - Patient

Last Name - Patient

Patient Date of Birth

Attending Dentist: Dr. Lago



Price

I understand that the treatment of teeth by the use of sealants is a preventive measure designed to facilitate the inhibition of dental caries in the pits and fissures of the chewing surfaces of the teeth. Sealants are placed with the intention of preventing or delaying conventional restorative measures that are used to restore teeth with fillings or crowns after the onset of dental caries. I agree to assume any risk that may be associated with the placement of sealants by Dr. Lago or any associate of Bella Sonrisa Dental. In addition to the possible unsuccessful results and the failure of the sealant, the risks of the procedure include, among others, the following:

1. Preparation of the teeth The teeth are prepared by using an enamel etching technique. This engraving is achieved by the use of a special acid solution that etches the surface enamel in the area where the sealant will be placed to aid in its retention. The etching solution is somewhat caustic, and if the patient makes some unexpected movement during the application process, there is a possibility that a small amount of the solution will adhere to the soft tissues of the mouth, which could cause minor burns of the mouth. tissue. This rarely happens, but it is a possibility.
2. Loosening and / or evacuation of the sealant There is a possibility that the sealant will loosen or become detached over time. The period of time during which this can happen is indeterminable because of the many variables that include, but are not limited to: The forces of chewing. The types of food or other substances that are put in the mouth and chewed.
3. The entire tooth is not protected with sealant. The sealants are mainly applied to the pits and fissures that are found on the chewing surfaces of the teeth. However, sealants do not protect the areas between the teeth, so it is necessary to completely brush and floss in these areas. I understand that I still have to brush and floss and take care of my oral hygiene, as if I did not have sealants.

Informed consent: I voluntarily accept any and all possible risks, including the risk of substantial harm, if any, that may be associated with any phase of this treatment in hopes of obtaining the desired outcome. By signing this document, I authorize Dr. Lago to place Fillings in my teeth and furthermore I authorize Dr. Lago and /or his/her associates to render any services deemed necessary or advisable in the treatment of my dental condition, including the prescribing and administration of any medically necessary anesthetic agents and/or medications.

I have read and understand the above, and had my questions answered. I recognize there can be no guarantee as to the outcome of treatment, and I give my consent to surgery.

Print name

Signature

Clear