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### Informed Consent

It is our intention to provide the best dental care in a comfortable environment. The purpose of this consent form is to inform you of some of the standard methods utilized by pediatric dentists to help make this possible. Please be aware that certain side effects listed are severe and extremely rare. They are included for legal purposes and are not intended to frighten you. Do not hesitate to ask Dr. Babot to better explain these risks.

\_\_\_ A local anesthetic injection is used to numb the teeth that are being treated. Usually the numbness lasts for 1½ to 2 hours. Allergic reactions are very rare, and the most common problem is the child biting his lip or the inside of his cheek while numb. Please do not tell your child that he will be getting a shot. We have a special way of explaining the procedure to the child, and our methods of injection are, in many cases, painless.

\_\_\_ Nitrous Oxide, or "laughing gas", is used to help reduce the mild anxiety and slight discomfort a dental appointment sometimes causes. This gas is administered via a mask over your child's nose. This gas is very safe when used in the low concentration that we use in our office, and can be very relaxing to most children. The most common side effect is nausea in children and a feeling of loss of control in adults. Very rarely do children vomit when being properly monitored.

\_\_\_ Oral Sedation – a liquid sedative is sometimes necessary to help children who are young, moderately apprehensive, or need extensive dental treatment. A mixture of Demerol and Phenergan will be measured according to your child's weight and given in the office. This sedative is designed to relax your child enough to accept necessary treatment, but will likely not make them sleep. If you know that your child has an allergy or has had a bad reaction to these or similar drugs, please inform Dr. Babot immediately. The risks of adverse reaction are minimal with the low doses and monitoring equipment used in our office, and emergency reversal drugs are always kept on hand. Some possible reactions may include temporary hyperactivity, breathing difficulty, brain damage, cardiac arrest and even death. The most common adverse reaction is nausea and vomiting. To reduce the chances of nausea, your child cannot eat or drink anything for six hours prior to the scheduled appointment. We make these appointments in the morning for these reasons.

\_\_\_ I.V. Sedation – a deeper sedation is sometimes necessary for extremely apprehensive or very young children. Some pediatric dentists utilize this method in the office. A healthcare professional trained in anesthesia administers the drugs and monitors the child while the dentist performs the dental restorations. Adverse reactions are rare and include pain, hematoma, numbness, infection, swelling, bleeding, nausea, vomiting, allergic reactions, breathing fluctuations, abnormal heart rate and/or blood pressure, brain damage, and death. The anesthesiologist can provide you with more detailed information regarding this procedure.

\_\_\_ General Anesthesia – general anesthesia is sometimes necessary for extremely apprehensive or very young children. This method is utilized in a hospital or surgicenter where an anesthesiologist administers a gas to place your child under general anesthesia. The risks will also be explained by the anesthesiologist, and can include but are not limited to: pain, hematoma, numbness, infection, swelling, bleeding, nausea, vomiting, allergic reactions, breathing fluctuations, abnormal heart rate and/or blood pressure, brain damage, and death. Your pediatrician and anesthesiologist can give you more detailed information about the incidence of these risks.

\_\_\_ We will be setting aside two hours for your child. For this reason, if you must cancel or change your appointment time for any reason, we would appreciate 48 hours notice so that we can give the appointment to another child awaiting treatment. There will be a \$\_\_\_\_\_ charge for any of the following reasons: missed appointment without notice, late arrival, or failure to bring child with empty stomach.

I have been provided with an explanation of alternatives to treatment and understand the risks of not being treated for the dental condition. I have carefully read the above and, in addition, have had all questions answered in regard to the treatment and sedation to be administered, the outlined risks, and the side effects. I do give my free and voluntary informed consent to the same.

Patient name \_\_\_\_\_ Witness \_\_\_\_\_

Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_