## **Sealant Consent**



**Patient Name** 

Date of Birth

## Teeth numbers to be sealed





Sealants are a plastic resin that is flowed into and bonded to the natural grooves that occur on the chewing surfaces of the bicuspid and molar permanent teeth. This procedure helps prevent cavities from occurring in the pits and fissures in the chewing surface of the back teeth. Occasionally, the dentist may recommend to "open and seal" the grooves. This occurs when there is already staining or the beginnings of a cavity. The hope is to clean out the groove and place a preventive sealant. However, on occasion, the staining is deeper than expected and may require a filling to properly restore the tooth.

I understand that the placement of sealants is intended to prevent dental cavities (tooth decay) in the pits and fissures (grooves) of the chewing surfaces of the teeth. I understand that unsuccessful results and/or failure of dental sealants involve, but are not limited to the following:

- 1. Loosening, dislodging or leaking: Sealants can become loose or dislodged over a period of time. This time is indeterminable because of many variables including, but not limited to the following:
  - a. The forces of mastication (chewing). These forces differ from patient to patient.
  - b. The types of food or other substances that are eaten or chewed. Very sticky foods such as some types of gum; sticky candies such as caramels; some licorices; very hard substances, etc.; may cause loosening or dislodgment
  - c. Inadequate oral hygiene such as infrequent or improper brushing of the teeth also may allow leakage around and under the sealant causing it to loosen or allowing a cavity to develop underneath.
- 2. The entire tooth is not protected with sealants: Sealants are applied to the pits and fissures (grooves) that are on the chewing surfaces of the teeth. Sealants do not protect the areas between the teeth, so thorough brushing and the use of dental floss in these areas is still necessary.

- 3. Sealant repair: Routine examinations by the Dentist are recommended to allow ongoing assessment of the sealants placed. This will allow the Dentist to repair any sealants as deemed necessary. As a service to our patients, we will repair any of the sealants placed by our office for no additional fee for the first 3 years after placement, as long those patients return for their 6-month check-up visits on a consistent basis.
- 4. Staining of the grooves.

The above procedure/s has been fully explained to me. I consent and authorize treatment of my child as explained above. I understand that there has been no guarantee or assurance made by anyone in regard to the dental treatment I have authorized. By signing below, I confirm that I have read the foregoing sections and understand the treatment to be undertaken, as well as the risks, benefits, alternative treatment options and consent to the described treatment. The Dentist/Hygienist has reviewed all the treatment options with me and all my questions have been answered.

Parent/Guardian Name (Print)	Parent/Guardian Signature	
Provider Name (Print)	Provider Signature	Date
Witness Name (Print)	Witness Signature	Date