

# Informed Consent for Sealants

I understand that the treatment of teeth through the use of sealants is a preventative measure intended to facilitate the inhibition of dental caries (tooth decay or cavities) 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 used in restoring teeth with fillings or crowns after the onset of dental caries. I agree to assume any risks that may be associated with the placement of sealants even though care and diligence will be exercised by \_\_\_\_\_ while rendering this treatment. In addition to possible unsuccessful results and failure of the sealant, the risks of the procedure include but are not limited to the following:

## 1. **Preparation of the teeth**

The teeth are prepared through use of an enamel etching technique. This etching is accomplished in one of two ways:

- a) Through the use of a special acid solution that etches the surface enamel in the area in which the sealant is to be placed to aid in its retention. The etching solution is somewhat caustic, and if the patient makes any unexpected movement during the application process, there is the possibility that a small amount of the solution will attach to the soft tissues of the mouth, which could cause some slight tissue burns. This seldom occurs, but it is a possibility. If the etching solution contacts the root surface, the tooth may develop some temporary sensitivity.
- b) Through the use of a technique called "air abrasion." Air abrasion also slightly etches the surface of the enamel in the area in which sealant is to be placed to aid in the retention of the sealant. Air abrasion involves the generation of a powdery dust, which, if inhaled, could cause some discomfort.

## 2. **Loosening and/or dislodging of the sealant**

There is the possibility of the sealant loosening or becoming dislodged over time. The length of time over which this may happen is indeterminable because of the many variables that can impact the life of the sealant including but not limited to the following:

- a) The forces of mastication (chewing). These forces differ from patient to patient. The forces may be much greater in one patient than in another. Also, the way teeth occlude (come together in chewing) may have an effect on the life of the sealants.
- b) The types of food or other substances that are put in the mouth and chewed. Very sticky food, including some types of gum, sticky candies such as caramels, some licorices, very hard substances, etc., can cause loosening or dislodgment of the sealant.
- 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 and allow decay to develop.

## 3. **Entire tooth is not protected with sealants**

Sealants are applied primarily to the pits and fissures that are in the chewing surfaces of the teeth. These pits and fissures are extremely susceptible to decay and can be protected through the application of sealants that flow into and seal those areas. However, sealants do not protect the areas between the teeth, so thorough brushing and the use of dental floss in these areas is necessary. Otherwise, decay could develop in those areas uncovered by the sealants.

I understand that it is my responsibility to notify this office should any unexpected problems occur or if any problems relating to the ongoing treatment rendered are experienced. Routine examinations by the dentist are recommended to allow ongoing assessment of the sealants placed.

I understand that I must still brush and floss and take care of my oral hygiene, just as if I did not have sealants.

**Informed consent**

I have been given the opportunity to ask questions regarding the nature and purpose of sealants and have received answers to my satisfaction. I voluntarily undergo this treatment in hopes of achieving the desired results from the treatment rendered, though no guarantees have been made regarding the outcome.

I hereby accept any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment. The fee(s) for these services have been explained to me, and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize Dr. \_\_\_\_\_ and/or all associates involved in rendering services or treatment necessary to the existing dental condition, including the administration and/or prescribing of any anesthetic agents and/or medications.

\_\_\_\_\_ Date \_\_\_\_\_  
*Patient signature/legally authorized representative*

\_\_\_\_\_ Relationship \_\_\_\_\_  
*Printed name if signed on behalf of the patient*

\_\_\_\_\_ Date \_\_\_\_\_  
*Witness signature*