Informed Consent for Dental Sealants

I, [Patient's Name], hereby acknowledge that Dr. [Dentist's Name] has recommended the placement of sealants on teeth numbered [Teeth #], following a thorough oral examination. The purpose of these sealants is preventive, aiming to minimize the risk of cavities on the occlusal surface of the teeth.

I am aware of the potential risks associated with this procedure and consent to assume them, understanding that they include but are not limited to:

> Enamel etching, a process involving the application of a specialized dental material on the tooth enamel surface. While rare, there is a possibility of the solution contacting the soft tissue or root of the tooth, causing temporary discomfort such as a burning sensation or numbness. Additionally, surface abrasion may generate fine dust, potentially causing temporary discomfort if inhaled.
> Risk of loss or breakage of the sealant over time. Factors such as chewing and grinding forces, as well as certain foods, may impact the longevity of the sealant. Hard substances, including candy, pose a particular risk of complete sealant removal, rendering the procedure ineffective.

Despite the placement of dental sealants, there remains a significant risk of cavity development on the treated teeth.

By signing below, I confirm that I have thoroughly reviewed this consent form and have had all my questions regarding dental sealants addressed satisfactorily. I understand both the benefits and risks associated with this procedure. Furthermore, I agree to adhere to the provided oral hygiene instructions for at-home care to the best of my ability. I acknowledge that no warranty or guarantee has been provided, and I willingly choose to proceed with the placement of sealants.

[Patient's Signature] [Date]

[Legal Guardian's Name] (if applicable)
[Legal Guardian's Signature]