

Elks Mobile Dental Program

Consent for Protective Stabilization

Date: _____

In order to provide the necessary examination and dental treatment for _____ (the patient) I, _____ (parent/guardian), agree to allow Dr. _____ of the Elk's Mobile Dental Program to utilize:

Physical Devices or Techniques:

- _____ Papoose Board (Active Contact)
- _____ Molt Mouth Props (Active Contact)
- _____ Head Restraints (Active Contact)
- _____ Hand Holding (Active Contact)
- _____ Passive Contact (Restricting movement of Hands, arms and legs for his/her protection)

As the parent/guardian I understand that the use of stabilization is for protection of injury from sudden movements while Dental Staff is using instruments. If the Dental Staff views any of his/her action as dangerous to his/her well being I will then consent to active contact by staff for his/her protection.

_____ I have been given alternatives to the use of Active contact, including: Referral to a facility for Sedation or General Anesthesia in a hospital Operating Room.

Parent/Guardian

Dentist

Witness