

## Informed consent for dental treatment of a child (under 15 years)

I, being a legal representative of the child was informed about the child's state of health and the diagnosis. I have received from the staff of the Dent-lux Dental Clinic full information about the possibilities and conditions for the provision of medical services and I consent to the provision of medical services to my child.

I understand that in this clinical situation it is very difficult to make an accurate diagnosis (the degree of tooth damage) and plan the appropriate treatment without resorting to intervention, and therefore during the treatment it is possible to clarify the diagnosis and correct the planned treatment plan, which will be notified to me by the treating doctor. The doctor can make a final decision on the treatment plan only after he removes all caries-affected tissues of the tooth (teeth).

I agree that the doctor cannot predict the child's emotional reaction to performing manipulations during dental treatment due to the individual tolerance of manipulations of each child, psycho-emotional state, therefore it is impossible to accurately predict the duration of treatment, the number of necessary visits, the possibility of completing the planned stage of treatment during the current visit. I agree that Dent-lux Dental Clinic has the right to refuse treatment for my child at any time if his emotional state and/or behavior creates a threat to harm his health, or makes it impossible to provide proper medical services.

I have informed the doctor about all past and current allergies of the child to medicinal and other drugs.

I agree with the possibility of the following complications that may occur during and after treatment:

1) a certain percentage (5-10%) of ineffective treatment of milk teeth due to its physiological specifics, as well as the individual characteristics of milk teeth of a particular patient and his state of health;

2) after treatment of a tooth due to medium-deep or deep caries, pain may appear, with an increase in which the doctor is forced to carry out endodontic treatment (treatment of root canals) for a fee.

3) an exacerbation of the disease can occur in more distant terms, it can also be detected during a preventive examination of the patient and this will also lead to endodontic treatment; payment for these manipulations is carried out according to the price list valid on the day the services are provided.

4) with endodontic intervention, the appearance of pain in the tooth is possible when biting and chewing;

5) during the treatment of periodontitis in milk teeth, an aggravation of the process may occur, the warranty does not apply to this treatment

6) after treatment, pathological resorption of the roots of a milk tooth may occur, which can lead to the removal of this tooth.

7) when silvering, the color of the tooth (teeth) changes (darkens) and remains until replaced by permanent teeth;

I understand that after the anesthesia, the child does not feel the lip for some time, which can lead to its biting. I have been informed that I need to monitor my child after treatment to prevent this complication.

I understand the need for X-ray diagnostics and quality control of treatment.

I agree that no one can predict the exact result of the planned treatment, when treating a complicated form of caries, and I agree that after treatment there is a likely risk of complications in the form of pulpitis. I understand that a positive result of the treatment of milk teeth disease is not guaranteed, but I am guaranteed that the child will be treated by a specialist of appropriate qualifications, that he will use high-quality materials and tools in compliance with the appropriate methods and rules of the sanitary and epidemiological regime.

I am familiar with the cost of treatment, I had the opportunity to ask all my questions about treatment technologies and the cost of treatment.

Understanding the complexity of the upcoming treatment, I undertake to bring the child for control examinations and monitor the child's compliance with (directly perform) oral hygiene procedures. I have asked all the questions of interest, received comprehensive answers and explanations to them, all words and medical terms used in this document are clear.

I understand that in order to get the best results, my child and I must follow all the appointments, recommendations and advice of the Ambassador Dental Clinic specialists.

Being warned and informed about all of the above, I am fully aware that medical intervention is indicated for the state of health of my child, in this regard, I voluntarily and quite consciously consent to the provision of dental care, including the method of pain relief: local infiltration anesthesia.

This informed consent is an integral part of the Dental Services Agreement.