

# 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