

CNA Sample Form: Discussion and Consent for Use of Protective Stabilization

Patient's Name: _____ Date of Birth: _____
Last First Initial

I am being provided with this information so that I may fully understand the recommended procedure. I wish to be provided with sufficient information, in a way I can understand, to make a well-informed decision about the procedure for me (or for the patient under my guardianship).

I understand that I may **ask any questions I wish** regarding the recommended procedure.

Nature of the Recommended Procedure and Risks

Protective stabilization may include: the use of a stabilization board, fabric wraps, Velcro® materials, or being restrained by a parent, guardian, and/or dental staff member.

Type of stabilization to be used: _____

Protective stabilization is being recommended because:

- The patient is not yet able to cooperate due to age or mental or physical disability, and treatment is needed to prevent or treat pain/infection.
- The safety of the patient, staff, or guardian may be at risk without the use of protective stabilization.
- Sedated patients may require stabilization to help reduce untoward movement and protect them from harming themselves or others.
- Other: _____

The dentist discussed with me and I understand that:

- Patients who are unable to cooperate sometimes must be stabilized to complete dental treatment.
- It allows dental treatment to be performed more safely and effectively. I understand how stabilization helps to protect the patient.
- A mouth prop (tooth pillow) may be used to prevent the patient from biting down. It is comfortable and highly protective for the patient.
- Although local anesthetic is used, patients may still cry or be upset.

Possible risks and complications that have been explained to me include:

- Chance of injury, such as bruising or skin abrasion.
- Nausea and vomiting.
- Other: _____

continued...

Alternative Procedures and Their Risks

The dentist and I have discussed alternatives to protective stabilization. These alternatives and their risks include:

- Not having any treatment here or postponing treatment. Risks for this alternative: Delaying treatment may cause harm; the dental disease will progress; further damage to teeth may occur; swelling and infection may occur. The specific type(s) and level of risk(s) in this case are: _____

 - Treatment in an operating room, if available and needs are extensive. This alternative presents risks related to necessary medications and mechanical ventilation (breathing machine), if required. Medications may include: sedative/hypnotic drugs; general anesthetics (gases); other drugs deemed necessary. The risks of operating room procedures and general anesthesia are substantial, including serious infections and death.
 - Other information: _____

- No other reasonable option exists for my situation (or for the patient under my guardianship).

Patient's Initials I have had an opportunity to ask questions about the alternatives and the risks included in this form, and any other risks I have heard or thought about.

Acknowledgment

I, _____, have received information about the proposed protective stabilization procedure. I have discussed my treatment with Dr. _____ and have been given an opportunity to ask questions and have them fully answered. I understand the nature of the recommended procedure, the risks of the recommended procedure, the alternatives, and the risks of refusing the procedure. I understand that Dr. _____ may refuse to proceed with treatment in order to protect me (or the patient under my guardianship).

I acknowledge that I have read this document in its entirety, that I fully understand it and that all blank spaces have been either completed or crossed off prior to my signing.

I wish to proceed with the recommended protective stabilization procedure.

Signed: _____ Date: _____
Patient or Guardian

Signed: _____ Date: _____
Treating Dentist

Signed: _____ Date: _____
Witness

This sample form is for illustrative purposes only. Your protective stabilization procedures and risks may be different than those described. We encourage you to modify this form to suit your individual practice and patient needs. As each practice presents unique situations and statutes may vary by state, we recommend that you consult with your attorney prior to use of this or similar forms in your practice.