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AUTHORIZATION AND CONSENT FOR DENTAL SEALANTS

A sealant is a white material that is applied to the chewing surface of the molar and bicuspid teeth where decay most commonly occurs. It acts as a barrier, protecting the decay-prone areas of the teeth. Grooves and depressions are difficult to keep clean because the toothbrush bristles do not reach into them. The sealant forms a thin covering that keeps food and plaque out, decreasing the chance of decay. The tooth is cleaned and conditioned to help the sealant adhere to the chewing surface. The sealant is then painted onto the tooth and into the deepest pits and fissures. Risks include, but are not limited to, the need for sealant replacement, allergic reaction to the materials and/or possible decay if post-operative instructions are not followed properly. The alternative to sealants is to do nothing and decay may occur as a result of this decision.

I have been advised of the benefits, risks and possible side effects of the proposed treatment and possible consequences of not receiving the treatment. Treatment alternatives, including no treatment, have been presented to me and all of my questions regarding my child's care have been answered to my satisfaction. I understand that my child may still get decay between his/her teeth even with sealants intact. With my signature, I authorize Dr. Zachary Linkous' office to apply dental sealants on my child's teeth.

Patient Name: _____

Patient/ Guardian Signature: _____

Date: _____

Out of Pocket Expense Today: _____

