



Pediatric Dentistry
Orthodontics

TRUPKIN • WILENTZ • CHIZNER

INFORMED CONSENT FOR SURGICAL WINDOW

I, as authorized guardian of the child being seen today, have been informed of the surgical window procedure to be administered to my son/daughter. The benefits and possible risks of treatment, as well as alternative care options were discussed and I was provided ample opportunity to have all of my questions and concerns addressed. The option of "no treatment" was also presented and it is understood that this option was not elected as the potential benefit for treatment vs. no treatment is understood.

The pediatric dentist and staff will be performing a laser and or scalpel surgical window to release the physical restriction of the superficial gingival (gum) tissue overlying tooth, bone, and other structures. The intent is to release the overlying tissue which, through reported symptoms, physical exam, and written history provides reason for treatment. The expectation is that by releasing or "cutting" the gum tissue, there may be encouraged eruption of the underlying tooth. It is understood that though the intent is to alleviate the concerns discussed by surgery, there is no inherent guarantee that this will result in a cure of the problem, or concerns discussed. However, it is understood that the gingival "gum" tissue is likely a contributing cause to the current symptoms involving a possible impacted tooth. I further understand that I am responsible to bring my child for follow-up as recommended by the pediatric dentist and staff to ensure the best possible result.

Post-op complications may be discomfort, irritability, fatigue, temporary refusal to eat, and possible swelling and fever. It is very unlikely that there will be any infection.

Parent/Guardian's Signature

Name of patient receiving treatment

Today's Date

Witness's Signature