

## Consent for Dental Impression and Molding: Benefits and Risks

### BENEFITS

The goal of pre-surgical nasal alveolar molding is to reposition the infant's tissue for proper alignment and symmet nostrils, columella, pro labia, lip and alveolar ridge (the gum where the teeth come in).

Molding significantly improves the surgical outcome of the lip and nose by reducing the size of the gap and lifting the first surgery.

Molding can reduce the numbers of surgical procedures that your child may need. It also minimizes scarring. It completely corrects the defect caused by the cleft but should markedly improve the surgical outcomes following molding.

### RISKS

Risks associated with taking the impression

1. If anesthesia is needed, the risks include: respiratory problems, drug reactions, paralysis, brain damage or even
2. Aspiration of the impression material is unlikely but may result in surgical intervention
3. Injury to the soft/hard tissues associated with the peri-oral region.

Risks associated with use of the appliance:

1. Sore spots, irritation, discomfort
2. Candida or other types of infection if proper hygiene is not maintained
3. Possible damage or perforation of the involved tissue if appliance is not properly positioned or improperly used.

Risks of Taping (use of tape and adhesive and adhesive remover) include but are not limited to:

1. Irritation, scabbing, discomfort
2. Pain, infection
3. Injury to eyes or adjacent tissue if liquid adhesive is misused

I have read and discussed the "Pre Surgical Nasal Alveolar Molding (PNAM) Benefits and Risks" as written above. I have the opportunity to ask questions about the process.

I understand that the information provided in the Benefits and Risks is not meant to scare or alarm me; it is provided to make me better informed so that I can decide whether to choose to have dental impressions taken for my child and in the pre surgical nasal alveolar molding.

I understand that there are risks involved in taking the impression, inserting the appliance and taping. I also understand my right to choose not to participate in pre-surgical nasal alveolar molding. I understand that pre surgical molding generally provides significantly better surgical outcomes than surgery without pre surgical molding. I also understand that molding does not need for future surgery(s) or orthodontic work.

I Do  Do Not  Consent to proceed with dental impressions and pre-surgical nasal alveolar molding of my child

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First Name - Initial - Last name

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Date of birth: month/ day / year

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date/Time Witness Signature:

\_\_\_\_\_  
Printed Name of parent/guardian

\_\_\_\_\_  
Printed Name of Witness

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Translated into: \_\_\_\_\_ By: \_\_\_\_\_