

Consent To Atraumatic Restorative Therapy

What Is Atraumatic Restorative Therapy?

I hereby give my informed consent to undergo Atraumatic Restorative Treatment (ART) at Floss Bosses. I understand that ART is a **temporary**, minimally invasive dental procedure.

"Atraumatic Restorative Therapy (ART) is a procedure that uses hand instruments to remove carious tooth tissue prior to placing an adhesive restorative material for temporary restoration of decayed teeth." -University of Alberta

I understand the following regarding ART:

1. **Purpose:** ART aims to repair and stabilize decayed teeth using adhesive materials, glass ionomer cement (GIC), in a minimally invasive manner.
2. **Procedure:** The procedure involves the removal of decayed tooth tissue using hand instruments, followed by the placement of the restorative material directly onto the prepared tooth surface.
3. **Temporary Nature:** I am aware that ART restorations are considered temporary, interim and stabilizing in nature. It may require further treatment or replacement by a dentist in the future.
4. **Limitations:** I understand that ART may not be suitable for all dental situations and that alternative treatments may be recommended based on the dental hygienist's or dentist's assessment of my oral health.
5. **Risks and Benefits:** I have been informed of the potential risks and benefits associated with ART.
6. **Follow-Up Care:** I understand that after undergoing ART, it is important for me to maintain good oral hygiene and schedule regular dental check-ups. I acknowledge that I have been advised to see a dentist for further evaluation and possible permanent restoration. The tooth / area will be evaluated at each visit.
7. **Alternative Options:** I understand that alternative treatments, such as no treatment at all or traditional drilling and filling, may be available and may offer different benefits and risks.
8. **Questions and Concerns:** I have had the opportunity to ask questions and have received satisfactory answers regarding ART, its procedure, and its implications for my oral health.

By signing below, I acknowledge that I have read and understood the information provided to me regarding Atraumatic Restorative Treatment (ART) and hereby consent to undergo the procedure.

Referral to dentist *

Yes, I would like to be referred to a dentist

No, I do not wish to be referred to a dentist

Name of the dentist or the clinic

Consent

Patient Consent

I understand this explanation of Atraumatic Restorative Therapy also known as ART treatment and its risks, benefits, and alternatives. I have had an opportunity to have my questions answered regarding the proposed procedure. I therefore give consent to having ART treatment.

Patient Consent

Date of Consent

Signature _____

Print name

Today's date