



Dental Care During Pregnancy Consent Form

Patient name: _____

Patients Date of Birth: _____

Estimated due date : _____

The patient listed above is being seen at our dental clinic for an exam and possible treatment.

1. **Dental Radiographs:** Patients will be double-shielded with lead aprons. We also use digital radiography which has a significantly lower dose of radiation than traditional radiographs.
2. **Dental Treatment, which may include restorations, cleanings, root canals or extractions:** Typically we would use 3% Mepivacaine HCl or 4% Citanest plain (without epinephrine) local anesthetics. Both are pregnancy risk category B.
3. **Antibiotic or Pain Medications:** Typical antibiotics would include penicillin vk, amoxicillin or clindamycin. Pain Medications may include short-term use Vicodin or Tylenol #3, only if procedure dictates a need for more pain control.
4. **Antiseptic Mouth-rinse Containing 0.12% Chlorhexidine:** pregnancy risk category B.

The risks have been explained to me and I consent to dental care at Healthy Smiles Dental Group.

Printed Name _____ Date _____

Signature _____