

**ADVANCED DENTAL SPECIATY
BRIGHTON KIDS SMILE**

www.brightonkidssmile.com | www.childrendentist.nyc | www.advancedbronzdental.com

CONSENT TO USE PAPOOSE WRAP

Partial or complete immobilization of the patient can be achieved by the use of a device called a "pedi-wrap" with one or more safety belts. These cloth restraints use Velcro™ to secure the patient's head, limbs and abdomen during dental treatment. The patient is under continuous observation during treatment. If the patient is sedated, special attention is paid to maintain a proper airway.

Risks include, but are not limited to: Temporary redness, bruises, and/or rash may result on the part of the body that is secured in the straps, especially if the patient wiggles, perspires or resists the restraint.

Potential Benefit: Reduces or eliminates unmanageable movement; protects the patient and dental team from injury; facilitates the safe delivery of quality dental treatment.

I have read and understand the above information and hereby give my consent.

Patient Name: _____

Legal Guardian/Parent Name: _____

Date: _____

Witness: _____