

JUVENILE COURT HEALTH SERVICES DENTAL PROCEDURES

Subject: REFUSAL TO PERMIT DENTAL TREATMENT	Original Issue Date:	Procedure # 024
	Supersedes:	Effective Date: 1/25/13
Departments Consulted:	Approved By: (Signature on File) Head Dentist (Signature on File) Medical Director	Approved by: (Signature on File) Health Services Administrator

PURPOSE

To provide youth with a written form in which they may refuse dental treatment, and acknowledge the potential consequences of not receiving dental treatment.

PROCEDURE:

When it is determined that a youth does not wish to receive dental treatment, the following steps will be taken:

1. The youth will be advised of the risks and complications inherent in refusing treatment(s).
2. The youth should be explained of the possible consequences of his/her refusal.
3. The youth, the dentist, and the health worker / dental assistant will then sign, as witnesses, the Medical Services Refusal Form. (see Attachment) Youth must state the reason for refusing dental treatment that is recommended.
4. The signed original will be scanned in PEMRS under Clinic Note-Dental.
5. Dentist will reschedule the youth with potential infection from the existing dental caries for follow up periodically until the youth is discharged from Probation.

REFERENCE

JCHS Policy # C-306, "Refusal to Permit Dental Treatment"