

PEDIATRIC DENTISTRY CONSENT FOR DENTAL PROCEDURES AND ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

It is the policy of this dental practice to inform parents of all procedures we may recommend for your child. At each examination appointment, we will identify any dental treatment needed and describe this to you and your child. Each regular examination visit consists of oral hygiene instructions, cleaning of the teeth, topical application of fluoride, radiographs (x-rays) if needed, and examination of the teeth, hard and soft tissues of the mouth and the bite. Any other treatment needed such as fillings, caps, extractions, etc., will be performed at a separate appointment after obtaining your permission.

State law requires that we obtain your written informed consent for any treatment given to your child as a legal minor.

1. I hereby authorize and direct the doctors of Daniel Family Dentistry assisted by dental auxiliaries of his or her choice, to preform upon my child the following dental treatments or oral surgery procedures, including the use of any necessary or advisable local anesthesia, radiographs (x-rays) or diagnostic aids.
2. In general terms the dental procedures or operation may include:
 - A. Cleaning of the teeth and the application of topical fluoride.
 - B. Application of plastic "sealants" to the grooves of the teeth.
 - C. Treatment of the diseased or injured teeth with dental restorations (fillings or caps).
 - D. Replacement of missing teeth with dental prosthesis.
 - E. Treatment of malposed (crooked) teeth and or oral developmental or growth abnormalities.
 - F. Use of local anesthesia, by injection, to numb the teeth worked on. Numbness usually lasts 1.5 to 3 hours. Allergic reactions are rare and your child will be cautioned not to bite the numb lip and cheek. Please do not tell your child they are going to get a "shot", we have a special way of informing them of this that prevents fear.
 - G. Use of nitrous oxide (laughing gas) may be used to help children relax and feel the injection less. This gas is placed over your child's nose after an explanation is given. This gas is very safe when used in the concentration that will be used, and the nose piece, as with all treatment, will not be forced upon your child.
 - H. Use of behavior management techniques outlined on page 2.

I fully understand there is a possibility of surgical and or medical complications developing during or after the procedure. These risks and side effects may include an adverse reaction to a drug that may cause necessary hospitalization, further surgical procedures, disability, system impairment, permanent or temporary nerve damage, brain damage or death. I further authorize the doctors of Daniel Family Dentistry to preform treatment as may be advisable to preserve the health and life of my child.

I further understand that parents may be asked to remain in the reception area if needed for behavior management or for the benefit of the success of the treatment.

I hereby state that I have read and understand this consent and the behavior management techniques on page 2 and that all questions about the procedures have been answered in a satisfactory manner. I also understand that I have a right to be provided with answers to questions which may arise during the course of my child's treatment.

I further understand that this consent will remain in effect until such time that I choose to terminate it.

DATE: _____ TIME: _____ am/pm PATIENT: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

RELATIONSHIP TO PATIENT: _____ WITNESS: _____

BEHAVIOR MANAGEMENT TECHNIQUES

It is our intent that all professional care delivered in our dental clinic be the best possible quality we can provide for each child. Providing a high quality of care can sometimes be made very difficult, or even impossible, due to the lack of cooperation of some child patients. Among the behaviors that can interfere with the proper provision of quality dental care are: hyperactivity, resistive movements, refusing to open mouth or keep open long enough to perform the necessary dental treatment. Also, aggressive or physical resistance such as kicking, screaming, grabbing the dentists hands or sharp instruments can prevent the proper treatment being preformed.

All efforts will be used to obtain the cooperation of the adolescent patients by the use of warmth, friendliness, persuasion, humor, charm, gentleness, kindness and understanding.

There are several behavior management techniques that are used by pediatric dentists to gain the cooperation of adolescent patients to eliminate disruptive behavior or prevent patients from causing injury to themselves due to uncontrollable movements. The more frequently used pediatric dentistry behavior management techniques are as follows:

1. Tell-show-do: The dentist or assistant explains to the child what is to be done using simple terminology and repetition. Then the dentist or assistant shows the child what is to be done by demonstrating on a model or the child's or dentist's finger. Then the procedure is performed in the child's mouth as described. Praise is used to reinforce cooperative behavior
2. Positive reinforcement: This technique rewards the child who displays any behavior that is desirable. Rewards include compliments, praise, a pat on the back, a hug or a prize.
3. Voice control: The attention of a disruptive child is gained by changing the tone or increasing the volume of the dentist's voice. Content of the conversation is less important than the abrupt or sudden nature of a command.
4. Mouth props: A rubber or plastic device is placed in the child's mouth to prevent closing when a child refuses or has difficulty maintaining an open mouth.
5. Laughing gas: The use of laughing gas (nitrous oxide) is another safe way to provide dental treatment to mildly frightened, but helpful children. Laughing gas calms children, but does not put them to sleep or numb their teeth. It has few side effects and lasts only as long as the gas is being given through a nose mask. On rare occasions, the gas can cause an upset stomach and vomiting.

Beyond these techniques, a child with disruptive behavior and/or extensive dental needs may require dental treatment with sedation or treatment in a hospital, and will be referred to a pediatric dentist for these services.

I have read and understand this information on behavior management. I understand that dental treatment for children includes efforts to guide their behavior by helping them understand the treatments in terms appropriate to their age. If any treatment other than the above is needed, it will be discussed with me before beginning such treatment. I understand that I may refuse any or all of the above treatments or procedures. I can do this by drawing a line through the objectionable part and writing my initials next to the portion to which I refuse to consent.

This consent will remain in full force unless withdrawn in writing by the person who has signed on behalf of this minor patient.

INITIALS: _____ DATE: _____