



Local Smile Co.
PEDIATRIC DENTISTRY

CONSENT FORM

DENTISTRY FOR INFANTS, CHILDREN, AND ADOLESCENTS

GENERAL TREATMENT FORM

Our pediatric dental office philosophy is based on our commitment to preventive dentistry and to creating a supportive and nurturing environment for the children and young adults under our dental care. In particular, it is our intent to deliver the highest quality professional care to each child in a safe and comfortable manner. Your child's best interest are most important to us.

All efforts will be made to help your child cooperate by using warmth, friendliness, persuasion, humor, kindness, and understanding. Pediatric dentists use many behavior guidance techniques in order to gain the cooperation of child patients, eliminate or reduce disruptive behavior, and prevent bodily injury that may directly result from a patient's uncontrolled movements. Your child's safety is our main concern. The behavior management techniques used in this office are approved of by the American Academy of Pediatric Dentistry and are summarized on this form.

It is our obligation to provide our patients with information regarding the planned treatment we are recommending. Informed consent indicates your awareness of, and agreement to, sufficient information to allow you to make an informed personal choice concerning your child's dental treatment after considering the risks, benefits, and alternatives, including the advantages and disadvantages of each treatment option. It is our intent to provide the best possible dental care for your child.

Please read this form carefully and ask about anything you do not understand or have further concerns with. We will be pleased to further explain and discuss it with you.

INFORMED CONSENT

1. I understand that specific dental/surgical procedures will be explained when I am presented his or her treatment plan. Alternate methods, if any, will also be explained to me, as will the advantages and disadvantages of each. I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and, therefore, there can be no guarantee, expressed or implied, as to the result of the treatment.
2. I understand it is my responsibility to advise the office of any changes in the information contained in these forms. I hereby state that I have read and understand this consent, and that all questions about the procedure(s) have been answered to my satisfaction. I understand that I have the right to be provided with answers to questions that 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 in writing.
3. I have read the preceding information regarding behavior guidance techniques and hereby authorize and direct Dr. Andrea Pinnick Gamble and her team to utilize the behavior guidance techniques listed on this consent form to assist in the provision of the necessary dental treatment for my child. I acknowledge that I have read and understand this consent, and that all questions about behavior management techniques described have been answered in a satisfactory manner.
4. I hereby authorize and direct Dr. Andrea Pinnick Gamble and team to perform on my child recommended dental treatment mutually agreed upon by me, as presented in the treatment plan, including a clinical examination, necessary radiographs (x-rays), and a thorough professional cleaning and fluoride treatment.

Patient's Name _____

Responsible Party Signature _____

Relationship to Patient _____ Date _____



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BEHAVIOR GUIDANCE TECHNIQUES

DENTISTRY FOR INFANTS, CHILDREN, AND ADOLESCENTS

Our desire is to provide quality treatment in a safe and caring environment for you and your child. We provide the following information in order to familiarize you with our office policies. Please feel free to discuss any question you may have with a member of our team.



TELL-SHOW-DO

The dentist or assistant explains to the child what is to be done using simple, age-appropriate terminology and repetition. The procedure is then demonstrated to the child on a model (such as the child's finger). The procedure is then performed as described. Praise is used to reinforce cooperative behavior.



POSITIVE REINFORCEMENT

Desirable behavior is acknowledge as good and rewarded with compliments, praise, prizes, balloons, or stickers.



VOICE CONTROL

The dentist changes the tone or volume of her voice in order to gain the attention of a disruptive or uncooperative child. Often times, the content of the conversation is less important than is the abrupt and sudden change and/or strict nature of the command.



MOUTH PROPS

A prop is placed in the child's mouth to prevent closing and possible injury when a child refuses or has difficulty maintaining his/her mouth open.



SOLO COMMUNICATION WITH CHILD

The pediatric dentist asks that the parent be a silent observer at chair side rather than active participant in the child's management. This allows the dentist to more effectively verbalize with the child one-on-one and gain his/her full attention.



PHYSICAL RESTRAINT

The dentist or assistant (under the dentist's direction) restrains the child from moving by holding the child's hands or upper body, stabilizing his/her head, positioning the child firmly in the dental chair, and/or controlling arm and leg movements. The parent may be asked to help with controlling undesirable movement or to provide security by holding the child's arms in his/her lap.



PAPOOSE BOARD AND PEDI-WRAP

These are restraining devices for limiting a disruptive child's movement. The child is wrapped in the devices and placed in a reclined dental chair.



NITROUS OXIDE*

A mild gas, mixed with oxygen, used to mildly sedate a child who does not effectively respond to other behavior management techniques. The gas is administered through a mask placed over the child's nose. Nitrous oxide is very safe, has few side effects with the exception of nausea and vomiting in a small percentage of children, and has no lingering effects after the visit.



ORAL CONSCIOUS SEDATION/IV SEDATION*

Sedative drugs are used to sedate a child who does not effectively respond to other behavior management techniques or is unable to comprehend the dental procedures. The drugs may be administered orally or intravenously (IV).



GENERAL ANESTHESIA*

The dentist performs the dental treatment in a hospital or surgical center with the child anesthetized in the operating room.

** Nitrous Oxide, Sedation, and General Anesthesia will not be performed on a child without the full acknowledgement and informed consent of the child's parent or legal guardian. An additional consent form is required.*