



## **INFORMED CONSENT FOR DENTAL TREATMENT**

We are here to provide dental services to your child in the most beneficial way possible. Since your child is a minor, it is necessary that signed permission is obtained from a parent or legal guardian before any dental services can be rendered by Dr. Eugene Lee or any other staff of Little Smiles of Levittown. Please read this form carefully. Should you have any questions, please let us know.

1. I hereby authorize and direct Little Smiles of Levittown and any of its dental associates or staff to perform dental treatment with the use of any necessary or advisable radiographs (X-Rays) and/or any other diagnostic aids in order to complete a through diagnosis and treatment plan.
2. I understand certain parts of the treatment may be performed by staff members other than the dentist. (i.e., radiographs, cleaning, fluoride treatment, sealants).
3. I understand x-rays, photographs, models of the mouth, and/or any other diagnostic aid used for an accurate diagnosis and treatment planning are the property of the doctor, but copies are available upon request for a fee.
4. In general terms, the dental procedure(s) can include but not be limited to: A. Comprehensive oral examination, radiographs, cleaning of the teeth, and the application of topical fluoride. B. Application of plastic "sealants" to the grooves of the teeth. C. Treatment of diseased or injured teeth with dental restorations (fillings), stainless steel crowns, and baby tooth root canal treatment. D. Oral surgery: Extraction of one or more teeth or excision of hyperplastic or pericoronal tissue. E. Placement of space maintainers. F. Treatment of diseased or injured oral tissues secondary to traumatic injuries and/or accidents or infection.
5. I understand that the doctor is not responsible for previous dental treatment. I understand that, in the course of treatment, previous dental work may need adjustment and/or replacement.
6. I realize that guarantees of results or absolute satisfaction are not possible in dental health service.
7. I have answered all the questions about my child's medical history and present health condition fully and truthfully. I have told the dentist or other office personnel about all conditions, including allergies, which might indicate that my child should not receive certain oral medications. I also understand if my child ever had any changes in health status or any changes in medication(s), I will inform the doctor at the next appointment.
8. I authorize Little Smiles of Levittown to forward a review of findings and any other dental information to the referring doctor (if such has been the referral source) or any other health care provider for his/her records, as well as any third parties such as insurance companies who may request information.

## **INFORMED CONSENT FOR PATIENT MANAGEMENT TECHNIQUES**

It is our intent that all professional care delivered in our dental office shall be of the best possible quality we can provide for each child. We believe that any dentist can get your child's work done. Our mission is to do so in a manner which leaves your child with good positive feelings about going to the dentist. The entire focus is on your child, relating to them, fostering good dental health habits and instilling a healthy, positive attitude toward dentistry for life. All efforts will be made to obtain the cooperation of your child by the use of warmth, friendliness, persuasion, humor, charm, gentleness, kindness, and understanding. In some cases, further behavior management techniques are needed. There are several behavior management techniques that are used by pediatric dentists to gain the cooperation of a child to eliminate disruptive behavior or prevent patients from causing injury to themselves due to uncontrollable movements. These techniques are not a form of punishment and are in no way used as a form of punishment. These techniques are simply used only when and, if necessary, to complete a dental procedure in the safest manner possible.

## BEHAVIOR MANAGEMENT TECHNIQUES

The more frequently used pediatric dentistry behavior management techniques are as follows:

**Tell-Show-Do:** The dentist or assistant explains to the child what is to be done using simple terminology and repetition and then shows the child what is to be done by demonstrating with instruments 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.

**Positive reinforcement:** This technique rewards the child who displays any behavior which is desirable. Rewards include compliments, praise, pat on the back, a hug, or a prize.

**Voice control:** Is a controlled alteration of voice volume, tone, or pace to influence and direct the patient's behavior.

**Mouth props/Rubber dams:** A mouth prop or "tooth pillow" is used to help support your child in keeping his/her mouth open during a procedure. This allows him/her to relax and not worry about consciously keeping his/her mouth open for the procedure. A rubber dam is a "raincoat" placed in the area to be worked on to isolate the teeth and prevent any debris from being swallowed or going to the back of the throat.

**Nitrous Oxide (Laughing Gas, Sweet Air):** The combination of nitrous oxide and oxygen gases, when breathed in by the patient through the nose, is very effective in relaxing the child for dental treatment. Nitrous oxide increases the child's pain threshold and also increases the imagination of the child, allowing the child to feel more carefree. This allows the child to sit in the chair longer by increasing the attention span, thus allowing for more work to be done without the child labeling something as painful. The administration of nitrous oxide and oxygen is not considered sedation or general anesthesia. The child is not "put to sleep" and does not become unconscious, only relaxed.

**Immobilization by the dentist:** The dentist controls the child from moving by gently holding down the child's hands or upper body and/or stabilizing the child's head between the dentist's arm and body.

**Immobilization by the assistant:** The assistant controls the child from moving by gently holding the child's hands, stabilizing the head, and/or controlling leg movements.

**Immobilization by Pedi-wrap (Blanket wrap, Swaddle):** A passive restraint device, designed specifically for pediatric dental procedures, that is used when complete immobilization is needed for the safety of the patient and the dental team. It is used especially for very young, pre-cooperative children or special needs patients in order to avoid dental treatment under IV sedation or general anesthesia.

## PAYMENT FOR DENTAL SERVICES

I agree to be responsible for payment of all services rendered on behalf of my dependents. I understand that payment is due at the time of service unless other arrangements have been made. Please be advised that there may be a \$50 charge for a broken or missed appointment.