



Redwood City Pediatric Dentistry

PEDIATRIC DENTISTRY INFORMED CONSENT FOR PATIENT MANAGEMENT AND ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

We are required, as health professionals to provide our prospective patients with information regarding the treatment or procedures they are contemplating. We are also required to obtain your consent for any specific dental treatment, procedures or techniques which might be considered to be of concern to the patient or parent. Informed consent indicates your awareness of sufficient information to allow you to make an informed personal choice concerning your child's dental treatment after considering the risk, benefits and alternatives.

Please read this form carefully and ask about anything you do not understand, we will be happy to explain it.

It is our intent that all professional care delivered in our operatories shall be of 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, because of 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 the mouth or keeping it open long enough to perform the necessary dental treatment; And even aggressive or physical resistance to treatment, such as kicking, screaming and grabbing the dentist's hands or the sharp dental instruments.

All efforts will be made to obtain the cooperation of the child dental patients by the use of warmth, friendliness, persuasion, humor, charm, gentleness and understanding.

I authorize and direct Redwood City Pediatric Dentistry to perform the recommended dental procedures upon my child. The nature and purpose of the needed treatment has been discussed with me and I understand the various risks, consequences and complication that may result from treatment. I also understand that there is no guarantee that this dental procedure will be successful, however, and that is intended to result in improved oral conditions. I am aware that if I decide not to treat this condition for which treatment is recommended, serious consequences may occur such as, but not limited to, abscess, swelling, premature tooth loss, and shifting of permanent teeth. I agree that a verbal discussion with Redwood City Pediatric Dentistry has outlined the proposed treatment and alternative treatment available and that all my questions have been answered satisfactorily.

I acknowledge I have received a copy of the Dental Materials Fact Sheet dated May 2004, from Redwood City Pediatric Dentistry.

There are several behavior management techniques that are used by pediatric dentists to gain the cooperation of child patients to eliminate disruptive behavior or prevent patients from causing injury to themselves due to uncontrollable movements. The more frequently used pediatric 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 and then shows the child what is to be done by demonstrating with the 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.
2. **POSITIVE REINFORCEMENT:** This technique rewards the child who displays any behavior which is desirable. Rewards include compliments, praise, and 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 command
4. **IMMOBILIZATION BY THE DENTIST:** If necessary, the dentist gently cradles the child's head to contain sudden movements of an uncooperative or very young child to avoid inadvertent injury to the child during the examination or teeth cleaning procedures.
5. **IMMOBILIZATION BY THE ASSISTANT:** If necessary, the assistant will assist the parent in confining hand and feet movements of an uncooperative or very young child to avoid inadvertent injury to the child during the examination or teeth cleaning procedures.
6. **NITROUS OXIDE ANALGESIA:** For the comfort and well being of your child, nitrous oxide analgesia is used in conjunction with local anesthesia whenever restorative and surgical treatment is done in this office. Nitrous oxide is a gas mixed with oxygen that is inhaled through the nose and produces a slight skin numbness, as well as a feeling of well being, both of these effects make injections feel less, and make time pass quicker, making the visit more pleasant and positive.
7. **CONSCIOUS SEDATION:** Conscious sedation is the use of pharmacologic agents to minimally depress level of consciousness but retains the patient's ability to maintain breathing, cough reflex and response to physical stimulation.
IF THIS IS SUGGESTED, A SEPARATE DISCUSSION AND A SEPARATE CONSENT IS REQUIRED.

I have read, understand and acknowledge receipt of the **PATIENT MANAGEMENT TECHNIQUES** used in this office. I further understand that I can at any time request further consultation about any of the procedures used in this office.

Parent or Legal Guardian's Signature

Print Name

Date