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CONSENT FOR DENTAL TREATMENT, PATIENT MANAGEMENT TECHNIQUES, AND ACKNOWLEDGMENT OF RECEIPT OF INFORMATION

Health professionals have an obligation to provide their prospective patients with information regarding the treatment or procedures they are recommending. 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 risks, benefits, and alternatives of such treatment.

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.

It is our intent to deliver the highest quality professional care to each child. Providing high quality care, however, can sometimes be made very difficult, or even impossible, with a non-cooperative child patient. Behaviors that can interfere with your child's care include hyperactivity, resistive movements, refusing to open his/her mouth or keep it open long enough to perform the necessary dental treatment, and aggressive or physical resistance to treatment (such as kicking, screaming, or grabbing the dentist's hands or sharp instruments).

All efforts will be made to help your child cooperate by using warmth, friendliness, persuasion, humor, gentleness, kindness, and understanding. Pediatric dentists use many behavior management 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. The pediatric dentist may use extended appointment time frames in order to provide the necessary time and extra staff to successfully handle challenging situations. 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 the back of this form.

INFORMED CONSENT

1. The undersigned hereby authorizes the dentist and staff to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by the dentist to make a thorough diagnosis of my child's dental needs. I also authorize the dentist to perform all recommended treatment mutually agreed upon by me, and to use the appropriate medication and therapy indicated for such treatment in connection with _____ (child's name).
2. I certify that my child is covered by _____ Insurance Company. I assign directly to Dr. Rebecca Lee Pair all insurance benefits otherwise payable to me. I understand that I am responsible for payment of services rendered as well as deductibles, co-payment, and non-covered procedures. I hereby authorize the dentist to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions, whether manual or electronic.

Signature of parent or guardian: _____

3. I understand it is my responsibility to advise the office of any changes in the information contained in these forms.
4. The pediatric dentistry behavior management techniques frequently used in this office have been explained to me. Alternative techniques, if any, and the advantages and disadvantages of each, have also been explained to me. I understand a fee may be charged for the extra time appointed in order to effectively employ the necessary management techniques to safely treat my child and ensure quality dental care. This fee will be designated on the estimate treatment plan as a Time Management Fee and is not a covered insurance benefit.

I hereby authorize and direct Dr. Rebecca Lee Pair and her staff to utilize the behavior management techniques listed on the reverse side of this consent form to assist in the provision of the necessary dental treatment for _____, my child (or legal ward).

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.

5. I further understand that this consent shall remain in effect until terminated by me in writing.

Patient's name: _____

Responsible party signature: _____

Relationship to patient: _____ Date: _____

Behavior Management Techniques

1. 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.
2. Positive and Negative Reinforcement: Desirable behavior is acknowledged as good and rewarded with compliments, praise, a pat or hug, token objects, or toys. Likewise, the dentist uses a strict, firm voice or attitude to tell the disruptive child when his/her behavior is unwanted.
3. 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.
4. 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.
5. 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.
6. 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.

7. 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.
8. Hand-Over-Mouth Exercise: The dentist places her hand over the disruptive, screaming, or hysterical child's mouth and, speaking directly to the child, simultaneously tells the child that when the disruptive noise stops, she will remove her hand. When the noise stops, the hand is removed, and the child is praised for cooperating. If the noise resumes, the hand is again placed on the mouth and the exercise repeated. At no time is the airway restricted or breathing hindered.
9. 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.
10. 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).
11. General Anesthesia*: The dentist performs the dental treatment in a hospital or surgicenter with the child anesthetized in the operating room.

* 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.