

Parental Guidance Consent

Many pediatric dentists do not allow parents in the treatment room, however, it is our office's courtesy for parents to accompany their patient children. It should be understood that you, the parent, are there as a silent spectator. As a part of our procedure, we establish a one-on-one relationship with the patient, and may use any or all of our trained management techniques (e.g. tell, show, do, assurance, positive and negative re-enforcement, laughing gas, and as a last resort, voice control and/or hugging blanket) to ensure safe and quality dental care.

In our experience, we have observed that some children simply more capable to cope with new experiences without the parent in the room. Children may act-out, thinking their parent will "save them" from this stressful situation, which may lead to an unpleasant appointment for the child. If a parent is anxious, then, unknown to them, they transfer that anxiety to the child. If a parent displays fear, the child will react similarly and become fearful. These reactions by the child, as a result of their parent's emotions, have a tendency to cause the child to not cooperate. Should this occur, we may ask the parent to leave the treatment room. This small act of trust may be all that is needed to save the patient's experience from anxiety or fear to a successful and emotionally pain-free experience.

Therefore, should the doctor or dental assistant feel it is necessary for the parent to leave the treatment room, then your compliance shall be prompt.

If you disagree with this decision, then let it be understood that we will not be able to treat your child in our practice.

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(Name of the parent/guardian) and relation	onship to the patient
understand and agree with this dental office rul	es.
(Signature of the parent/guardian)	(Date)
(Witness signature)	(Date)