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We would like to make your child's dental visit as pleasant and enjoyable as possible. Please take a few moments to complete this form and return it to us so that we may work together with you to create a pleasant and informative experience for everyone!



If your child has had a previous dental experience, please tell us about it.

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What did **you** like or dislike about your child's last dental experience?

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What did your **child** like or dislike about his/her last dental experience?

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If you could have 3 wishes for a dental visit, what would they be?

1. 

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2. 

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3. 

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## PARENT GUIDELINES

Dear Parents:

You may choose whether or not you accompany your child to his/her appointment. Although we sense that some children do better without parents present, we are open to having you with your child. If you choose to be present, we suggest the following guidelines to improve chances of a positive outcome:

1. Allow us to prepare your child.
2. Be supportive of the practice's terminology. **DO NOT** over prepare your child for the dental visit. If you wish to discuss with your child about his/her appointment, please support us by **NOT USING** negative words that are often used for dental care.
3. Please be a silent observer when you are in the treatment area.
  - A. This allows us to maintain communication with your child
  - B. Children will normally listen to their parents instead of us and may not hear our guidance.
  - C. You might give incorrect or misleading information
4. If asked to leave, be ready to immediately walk away
  - A. Many children will try to control the situation
  - B. "Acting out" is normal, but unacceptable during fillings
  - C. This is intended to "short circuit" the control attempt
  - D. We will continue to support your child at all times

For the safety and privacy of all patients, only one parent is allowed to be in the treatment area and any other children who are not being treated should remain in the reception or game area with a supervising adult.

These are very important ways that you can actively help in the success of your child's visit. We are confident that all will go well and hope these guidelines will help prepare you with confidence for the upcoming appointment.

Please list all children

\_\_\_\_\_  
\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_