



CONSENT FOR BEHAVIOR MANAGEMENT

A visit to the dental office presents a young child with lots of new and unfamiliar experiences. It is completely normal for some children to react to these new experiences with tears. All efforts will be made to gain the confidence and cooperation of our young patients using warmth, humor, gentle understanding and friendly persuasion. High quality dental care for children is our goal. Quality care can be made very difficult or even impossible, by the lack of cooperation. Behaviors that can interfere with proper dental treatment are hyperactivity, resistive movements, refusing to open the mouth or keep it open, and even aggressive or physical resistance to treatment. Aggressive or physical resistance to treatment can be screaming, hitting, kicking and grabbing the dentist's hands or grabbing our sharp dental instruments.

There are several behavior management techniques that are used in our office to help children get the quality dental care they need. These techniques include:

- a. **TELL-SHOW-DO:** is the use of simple explanations and demonstrations, geared to the child's level of maturity.
- b. **POSITIVE REINFORCEMENT:** is rewarding the helpful child with compliments, praise, a hug or a prize.
- c. **VOICE CONTROL:** is getting the attention of a noisy child by using firm commands and varying tones of voice.
- d. **PHYSICAL RESTRAINT BY THE DENTAL TEAM:** with an active and noisy child, it is sometimes necessary for the dental assistant to restrain the child's movement by holding the head, arms, hands or legs. The dentist may restrain the child's head by stabilizing it between an arm and a body. A rubber or plastic mouth prop is then placed in the child's mouth to prevent closing when the child refuses to open or has trouble keeping the mouth open.
- e. **PHYSICAL RESTRAINT BY PAPOOSE BOARD OR PEDI-WRAP:** the use of this type of restraint is a standard of care in medicine. The Papoose Board or Pedi-wrap is the safest and most compassionate way to ensure quality dental treatment of an active child. It holds arms, body and legs secure with Velcro and cloth wraps during treatment
- f. **LAUGHING GAS:** the use of laughing gas (nitrous oxide) is another safe way to provide dental treatment to mildly frightened, but cooperative children. Laughing gas calms children, but does not put them to sleep or numb their teeth. It has few side effects and lasts only as long as the gas is being given through a nose mask. On rare occasions, the gas can cause an upset stomach and vomiting.

Beyond these techniques, a child with disruptive behavior may need dental treatment with sedation or treatment in a hospital, which is covered in a separate consent form.

I have read and understand this information on behavior management. I understand that dental treatment for children includes efforts to guide their behavior by helping them understand the treatments in terms appropriate to their age. If any treatment other than the above is needed, it will be discussed with me before beginning such treatment. *I understand that I may refuse any or all of the above treatments or procedures. I can do this by drawing a line through the objectionable part and writing my initials next to the portion to which I refuse to consent.*

This consent will remain in full force unless withdrawn in writing by the person who has signed on behalf of this minor patient.

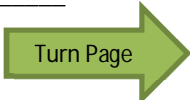
Please list all children

Name of Parent/Guardian: _____

Relationship to patient: _____

Signature of Parent or Guardian

Date: ____/____/____



CONSENT TO PERFORM DENTISTRY

1. I certify that the answers to the health questions are accurate and correct to the best of my knowledge. Since a change in medical conditions or medications can affect dental treatment, I understand the importance of this and agree to notify the dentist of any changes at any subsequent appointment.

2. I authorize Dr. Tina Bui and/or dental auxiliaries of her choice to perform upon my child (or legal ward) those procedures as may be deemed necessary or advisable to maintain my child's dental health or the dental health of any minor(s) or other individual(s) for which I have responsibility, now and in the future, including arrangement and/or administration of any sedative (including nitrous oxide), analgesic, therapeutic, and/or other pharmaceutical agent(s), including those related to restorative, palliative, therapeutic or surgical treatments.

3. I have been given a dental treatment plan and understand that ignoring a known dental problem has an even greater risk. Not treating existing dental problems in children may result in abscess, infection, pain, fever, swelling, considerable risk to the developing adult teeth, and may create future orthodontic and gum problems.

4. I agree to the use of local anesthesia, if required, on the recommendation of the doctor. I understand and have been informed that there are possible risks and complications associated with the administration of local anesthesia. The most common of these being swelling, bleeding, pain, nausea, vomiting, bruising, tingling, numbness of the lips, gums, face and tongue, allergic reactions, hematoma (swelling or bleeding at or near the injections site), fainting, and lip and cheek biting resulting in ulceration and infection of the mucosa. I also understand that there are rare potential risks such as unfavorable reactions to medications in respiratory and cardiovascular collapse (stopping of breathing and heart function) and lack of oxygen to the brain that could result in coma or death.

5. I understand that as part of the dental treatment which includes preventative procedures such as cleanings and basic dentistry, and fillings of all types, teeth may remain sensitive or even possibly quite painful both during and after completion of the treatment. After lengthy appointments, jaw muscles may also be sore or tender. Gums and surrounding tissues may also be sensitive or painful during and/or after treatment. Although rare, it is also possible for tongue, cheek or other oral tissues to be inadvertently abraded or lacerated (cut) during routine dental procedures. In some cases, sutures or additional treatment may be required.

6. I understand that as part of dental treatment, items including, but not limited to crowns, small dental instruments, drill components, etc. may be aspirated (inhaled into the respiratory system) or swallowed. This unusual situation may require a series of x-rays to be taken by a physician or hospital and may, in very rare cases, require bronchoscopy or other procedures to ensure safe removal. I understand that this situation is atypical.

7. I recognize that, during the course of treatment, unforeseen circumstances may necessitate additional or different procedures from those discussed. I, therefore, authorize and request the performance of any additional procedures that are deemed necessary or desirable to my child's oral health and well being in the professional judgment of Dr. Tina Bui.

8. I have been advised that the success of the dental treatment to be provided will require that the patient and the parents follow post-operative and post-care instructions of the dentist. I agree that the success of the treatment requires that all postoperative and post-care instructions be followed, and that the regular office visits, as scheduled by my dentist, must be maintained.

9. I hereby state that I have read and understand this consent, and I have been given the opportunity to ask questions. All questions about the procedure have been answered in a satisfactory manner; and I understand that I have the right to be provided answers to questions which may arise during the course of my child's treatment.

10. I further understand that this consent will remain in effect until such time that I choose to terminate it.

Please list all children

Name of Parent/Guardian: _____ Relationship to patient: _____

Date: ____/____/____

Signature of Parent or Guardian