

Pediatric General Dental Treatment Consent Form

Patient Date of Birth: ____/____/____ **Name:** _____

One of our most important parental policies is to “inform before we perform”. Before we begin treating your child, we ask your permission to perform dental treatments, restorations, and/or appliances as needed to return all teeth to health and proper function, using local anesthetic and a comfortable mouth prop. The purpose of all these procedures is to gain and maintain dental health, and we expect good results, although no guarantees as to the results may be given. Although our goal is the best oral health for your child, there are some slight risks involved in getting to that goal. Very rarely, dental treatment may be associated with numbness, bleeding, discoloration, soreness, upset stomach, dizziness, allergic reaction, swelling and infection. But 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. A visit to the dental office presents the young child with lots of new and unfamiliar experiences. It is completely normal for some children to react to these new experiences by crying. All efforts will be made to gain the confidence and cooperation of our young patients by 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. Let us tell you about them:

- a. **TELL-SHOW-DO** is the use of simple explanations and demonstrations, geared to the child’s level 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 noisy child, it’s sometimes necessary for the dental assistant to restrain the child’s movement by moving by holding the head, arms, hands or legs. The dentist may restrain the child’s head by stabilizing it between arm and body. A rubber or plastic mouth prop is placed in the child’s mouth to prevent closing when the child refuses to open or has trouble keeping their 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 wrap during treatment
- f. **LAUGHING GAS.** The use of laughing gas (nitrous oxide) is another safe way to provide dental treatment to mildly frightened, but helpful children. Laughing gas calms children, but does not put them to sleep or numb their teeth. It has a 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 understood 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 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 reading and signing the Decline Treatment consent. This consent will remain in full force unless withdrawn in writing by the person who has signed on behalf of this minor patient.

Printed Name of Person Signing for Patient: _____

Signature: _____

Patient Name (Printed): _____ **Date:** _____