Pediatric Dentistry Consent for Dental Procedures and Acknowledgement

It is the policy of this dental practice to inform parents of all procedures contemplated for your child. At each examination appointment we will identify any dental treatment needed and describe this to you and your child. Each regular examination visit consists of oral hygiene instructions, cleaning of the teeth, topical application of fluoride, radiographs (x-rays) if needed, and examination of the teeth, hard and soft tissues of the mouth and the bite. Any other treatment needed such as fillings, caps, extractions, etc. will be performed at a separate appointment after obtaining your permission. State Law requires that we obtain your written informed consent for any treatment given your child as a legal minor. Please read this form carefully and ask about anything that you do not understand. We will be pleased to explain further.

1. I hereby authorize and direct Dr. Susmitha Aluru, to perform upon my child the following dental treatment or oral surgery procedures, including the use of any necessary or advisable local anesthesia, radiographs (x-rays) and diagnostic aids.

2. In general terms the dental procedures or operations will include:
   A. Cleaning of the teeth and the application of fluoride.
   B. Application of Sealants to the grooves of the teeth.
   C. Treatment of diseased or inured teeth with dental restorations. (fillings or crowns)
   D. Replacement of missing teeth with dental prosthesis
   E. Removal (extractions) of one or more teeth.
   F. Treatment of malposed (crooked) teeth and/or oral development or growth abnormalities.
   G. Use of local anesthesia, by injection, to numb the teeth worked on. Numbness usually lasts from 1 ½ -3 hours. Allergic reactions are rare. Your child will be cautioned not to bite the numb lip or check. Please do not tell your child that they are going to get a "shot". We have special ways of informing them of this.
   H. Use of behavior management techniques.

I authorize Dr. Susmitha Aluru to perform treatment as may be advisable to preserve the health and life of my child. I hereby state that I have read and understand this consent and the behavior management techniques and that all questions about procedures have been answered in a satisfactory manner; and I arise during the course of my child’s treatment. I further understand that this consent will remain in effect until such time I chose to terminate it.

Patient name_____________________________________________________________
Signature/ Parent or Guardian________________________________________ Date___________

Behavior Management Techniques

It is our intent that all professional care delivered in our dental operatory shall be the best possible quality we can provide for each child. Providing a high quality of care can sometimes be made very difficult, or even impossible, because of the lack of cooperation of some child patients. Among the behaviors that can interfere with the proper provision of quality dental care are: hyperactivity and resistive movements. Refusing to open the mouth or aggressive or physical resistance to treatment, such as kicking, screaming, and grabbing the dentist’s hands or the sharp dental instruments. All efforts will be made to obtain the cooperation of the child dental patients by the use of warmth, friendliness, persuasion, humor, charm, gentleness, kindness, and understanding. There are several behavior management techniques that are used by pediatric dentists to gain the cooperation of child patients to eliminate disruptive behavior management techniques are as follows:

Tell-show-do: The dentist or assistant explains to the child what is to be done using simple terminology and repetition and then shows the child what is to be done by demonstrating with instruments on a model of the child’s or dentist’s finger. Then the procedure is performed in the child’s mouth as described. Praise is used to reinforce cooperative behavior.

Positive reinforcement. This technique rewards the child who displays any behavior which is desirable. Reward is includes compliments, praise, a pat on the back, or a prize.

Voice Control: the attention of a disruptive child is gained by changing the tone or increasing the volume of the dentist’s voice. Content of the conversation is less important than the abrupt or sudden nature of the command

Mouth props: A rubber or plastic device is placed in the child’s mouth to prevent closing when a child refuses or had difficulty maintaining an open mouth.

Sedation: Sometimes drugs are used to relax a child who does not respond to other behavior management techniques or who is unable to comprehend or cooperate for the unconscious. Your child will not be sedated without you being further informed and obtaining your specific consent for such procedure.

General Anesthesia: The dentist performs the dental treatment with the child anesthetized in the hospital operating room.

Your child will not be given general anesthesia without you being further informed and obtaining your specific consent for such procedure.

Patient name_____________________________________________________________
Signature of Parent /Guardian________________________________________ Date___________