

Maryam Sina, D.D.S.

WELCOME TO OUR OFFICE

Our desire is to provide you with quality treatment by a Pediatric Dentist in a caring environment for you and your child. We provide the following information in order to familiarize you with our office policies. The Doctor or her staff member will review this form with you at your child's initial exam. All medical information and this consent form must be completed and signed prior to examination.

Parents may accompany their child back to the exam room for their FIRST visit and recall exams. A complete diagnostic exam and standard set of pediatric x-rays will be taken as needed. The Doctor will discuss his diagnosis and recommend a treatment plan for your child. On subsequent visits, we prefer that your child be taken back alone by one of the assistants. Our assistants will remain with your child at all times. You will be explained what dental work will be done for that day, and if any treatment should change during the visit, you will be informed prior to the new treatment. **The parent or legal guardian must remain in the office at all times during treatment.** When treatment has been completed, the dental assistant will explain to you what was done as well as the next treatment needed. Written instructions will be given when available.

For our especially fearful patients, the Doctor may suggest that your child be given a medication prior to treatment. This premeditation is generally liquid Vistaril, phenergen, Diazepam, Demorol or a combination, given one hour prior to the appointment on an empty stomach, as a sedative and relaxant. During treatment, Nitrous Oxide (laughing gas) may also be used as a relaxant (we call the small rubber mask "Astronaut mask"). This does not put your child to sleep (conscious sedation), rather it relaxes the child and makes them feel safe, happy and comfortable during treatment.

In order to provide quality dental work and reduce the risk of injury to your child, it is imperative that the child remain still during treatment. Despite our efforts to calm a child to with reassurances, showing the instruments and explaining the noises they will hear, at times we encounter difficult management problems. As a pediatric dentist, we have received special training to help guide your child to make their dental experience a pleasurable one. If a patient refuses to cooperate and hospitalization is not an option, it may be necessary to use one or more of the following behavioral management techniques to facilitate treatment:

VOICE CONTROL: A controlled alteration of voice volume, tone, or pace to influence and direct patient's behavior. Voice control is a method that we use with a child who is capable of understanding, but is not listening to what we are saying.

PASSIVE PHYSICAL RESTRAINT: Partial or complete immobilization of the patient sometimes is necessary to protect the patient and/or the dental staff from injury while providing dental care. Restraint can be performed by the dentist and staff, with or without the use of a pediatric wrap. This wrap holds the head and wraps the arms and legs securely in the blanket. This is used only as a last resort in order to provide motion control. Many times only active restraint by the dental staff holding your child's hands, or legs, may be the only restraint needed. We explain to the child that we are doing this so they don't hurt themselves. You will be notified if we have to use the wrap (papoose board).

HOSPITALIZATION: This treatment is usually decided on at the time of initial examination. Treatment is rendered under general anesthesia in a hospital or surgical center. An anesthesiologist puts the child to sleep in the operating room and places a breathing tube down the child's nose. This may be recommended for the very young children, children with health problems, or the especially difficult management patients. Treatment is completed in usually one visit.

*Above techniques adapted from The American Academy of Pediatric Dentistry Reference Manuel 1992-1993, Pediatric Dentistry - 17:3, 1995.

Your child's best interest are most important to us. We will seek to conservatively manage the behavior of your child and help him or her to accept dental care in a positive, non-threatening environment. We hope to promote good, long-term attitudes toward dentistry, oral health, and self. Thank your for allowing us to treat your child. If you at anytime have questions about your child, please fell free to talk to the Doctor or a member of the staff at any time. Communication is the key to good office/patient relationships.

I consent for my child to be managed by the above mentioned techniques if the Doctor, in his best judgment, determines these techniques are necessary to optimize and facilitate treatment. I have been informed and understand that occasionally there are complications of the treatment, drugs, or anesthetic agents; including but not limited to vomiting, temporary or permanent numbness, discolorations, bruising, infection, aspiration, allergic reaction, breathing difficulties, brain damage and death. I further understand and accept that these complications may require medical assistance or hospitalization. All questions have been answered to my satisfaction with full understanding by a member of the office staff.

Signature of Parent or Legal Guardian

Date

Patient's Name

Staff member or Doctor