



**kids Dental Now**  
Dentistry for Children & Teens

2500 E. Hallandale Beach Blvd., Suite M Hallandale Beach, FL 33009

Phone: 954.951.3001

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## TREATMENT CONSENT

Welcome to Kids Dental Now! In order to serve you the best we need you to consent to our office policies. Please initial and fill out the following:

Name of the patient: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ I understand and authorize the dentists to perform the necessary dental treatment to my child. The caries disease is contagious and can not only infect other teeth but cause severe dental and systemic infections that may lead at losing teeth prematurely.

\_\_\_\_\_ **Application of sealants** as preventive measure into the teeth groves.

\_\_\_\_\_ **Local anesthesia** used to numb the surrounding tissues and the teeth. Numbness usually lasts between 2-3 hours. Please monitor your child during this time to avoid the bite of the cheek, the tongue and numbed surrounding tissues since that may lead to a serious injury. To avoid increased anxiety please avoid telling your child he/she will "get a shot" and allow the doctor/dental staff to explain the child in an appropriate manner approved by American Academy of Pediatric Dentistry (AAPD).

\_\_\_\_\_ **Nitrous oxide/ Oxygen** (laughing gas) to alleviate anxiety (please refer to the behavior management consent page for details)

\_\_\_\_\_ Only if it's absolutely necessary the use of physical restraint by the dental staff/doctor/ and or parent for patient's safety can be performed

\_\_\_\_\_ **Dental restorations** - treatment of diseased or injured teeth with different dental materials like but not limited to resin composite, glass ionomers, dental cements and liners, silver diamine (SDF), stainless steel crowns (SSC), zirconia crowns, space maintainers, appliances

\_\_\_\_\_ **SSC** (stainless steel crowns). A tooth compromised by a large decay or underwent pulpotomy (baby root canal) will always be restore with a SSC. Please allow 2-3 days for the tooth to adjust to the new crown.

\_\_\_\_\_ **Pulpotomy/pulpectomy** (baby root canal) - partially/complete removal of nerve tissue from inside the tooth canals. A tooth compromised by a large decay that affects the nerve of the tooth will require this procedure. Please allow 2-3 days for the tooth to adjust to the new restoration.

\_\_\_\_\_ **Extraction** (tooth removal). We recommend following the written post-op instructions.

\_\_\_\_\_ **Appliance therapy** (thumb crib appliance, space maintainers, helix appliance, etc) for the treatment of crooked and missing teeth or/and jaw deformities/developmental abnormalities.

\_\_\_\_\_ **Gross debridement** is recommended when your child has a large accumulation of plaque and/or calculus that makes even the regular impossible.

\_\_\_\_\_ I understand and agree that the course of a treatment of a tooth can change and I will verbally consent the new treatment to be rendered during the dental treatment if these changes occur. I also understand and agree that if my child's oral hygiene (OH) is very poor and the behavior is uncooperative the dentist has the right to refuse treating until oral hygiene is resumed and behavior improves.

\_\_\_\_\_ Poor oral hygiene can lead to breaking/loosing restorations soon after treating the teeth. By signing this page I understand and acknowledge this consent.

Name of Parent/Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





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### BEHAVIOR MANAGEMENT CONSENT

At Kids Dental Now we believe in professionalism to deliver dental care for your child in a manner that leaves your child with a happy and healthy experience that will build up a long term dental relationship fostering good dental health habits. In order to insure a warm, gentle and friendly cooperation of your child different behavior techniques will be used by the staff members at Kids Dental Now. The techniques are not a form of punishment and are simply used when and if they are necessary.

By initialing you approve and understand the terms and conditions of using behavior management techniques used in pediatric dentistry after reading, understanding and discussing each item with the dental staff.

Name of the patient: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ **Tell-Show-Do (TSD)** - the child is told what the procedure will be, shown the instruments and materials used and perform the procedure

\_\_\_\_\_ **Positive reinforcement** - rewarding the child who displays any desirable behavior

\_\_\_\_\_ **Voice control** - controlled alteration of voice volume, tone, or pace to influence and direct the patient's behavior

\_\_\_\_\_ **Isodry** - a mouth prop, anecdotally called "tooth pillow" is used to keep the mouth open and retract surrounding tissues meant to avoid contamination of the restored tooth insuring a better outcome of treatment and safety of the patient

\_\_\_\_\_ **Imobilization** by dentist/assistant - gently holding the arms and or upper body and head from moving to insure a safe delivery of the treatment. **Knee-to-knee** is a technique approved by American Academy of Pediatric Dentistry in delivery dental treatment to babies and uncooperative toddlers and young children. The technique refers at positioning the child facing towards the caregiver with the legs around the caregiver waist with the caregiver and dentist/dental assistant sitting on the chair facing each other and touching the knee-in-knee.

\_\_\_\_\_ **Nitrous oxide** (laughing gas) - gas using nasal inhalation as way to administrate. Safe to use in pediatric dentistry has little to no side effects. Very common side effects are but not limited to vomiting if patient eat 30 minutes or less before administration.

- Nitrous oxide provides relaxation, increases the pain threshold and does not puts your child to sleep
- the child will be awake and responsive but reactions are slowed down n some cases children do fall asleep due to the fact that the gas relaxes them
- other complications are possible but they are only temporary and they resume as soon as the gas is discontinued. Such as temporary complications are but not limited to: tingling in the arms and legs, lips, cheeks, nose, fingers and toes, heaviness through the thighs and/or legs, light-weight or flowing sensation, disassociation from environment, extreme body temperatures, repetition of words, agitation, sensation of vomiting



- it is the parent/caregiver responsibility to inform the dental staff regarding patient's feeding schedule

#### ACKNOWLEDGMENT OF RECEIPT OF INFORMATION

\_\_\_\_\_ The listed behavior techniques were explained to me to my best understanding and I had the opportunity to ask questions and they were answered in a satisfactory manner

\_\_\_\_\_ I hereby authorize and direct Dr Cabel and the staff at Kids Dental Now to utilize if necessary the behavior techniques explained to me during dental treatment

\_\_\_\_\_ I understand that this consent will remain in effect until terminated by me.

\_\_\_\_\_ I understand and agree that I have to respect the office policies regarding conduit, staff handling, OSHA and HIPPA regulations

\_\_\_\_\_ I understand and agree that if my child's oral hygiene (OH) is very poor and the behavior is uncooperative and cannot be controlled with the above behavior management techniques the dentist has the right to refuse treating until oral hygiene is resumed and behavior improves.

\_\_\_\_\_ It is the parent responsibility to follow the post-op instructions and resume the OH of the patient the same day with the procedure.

By signing and dating this page I understand and acknowledge this consent and the office policies at Kids Dental Now.

Name of Parent/Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_