

## Consent for Treatment

As a minor child, it is necessary that signed permission be obtained from the parent or legal guardian before any dental treatment can begin. **It is also necessary for minor patients to be accompanied by an adult of legal age and who can give legal consent for treatment at each appointment.**

It is our intent that all care shall be of the best possible quality for each child. Providing 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, resistive movements, refusing to open mouth or keep it open long enough to perform the necessary dental treatment, and even 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 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 dentists to gain cooperation of child patients and to eliminate disruptive behavior or prevent patients from causing injury to themselves due to uncontrollable movements. The more frequently used pediatric dentistry behavior management techniques are as follows:

- **MODELING:** The environment that the patient will be in is demonstrated prior to the first appointment.
- **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 or the child's or dentist's fingers. Then the procedure is performed in the child's mouth as described. Praise is used to reinforce cooperative behavior.
- **POSITIVE REINFORCEMENTS:** This technique rewards the child who displays any behavior which is desirable. Rewards include compliments, praise, or a prize. This is by far our favorite because it works the best.
- **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. This is not to discipline your child, which is not our job; it is to gain their attention. Every parent has at one point used this scientifically proven technique, also known as the "knock it off".
- **MOUTH PROPS:** A rubber or plastic device is used between the teeth to assist the patient in keeping their mouth open and preventing them from getting their mouth tired. This can also prevent "accidental" injury to the dentist's fingers.
- **PHYSICAL RESTRAINT BY THE DENTIST:** The dentist restrains the child from movement by holding down the child's upper body, stabilizing the child's head between the dentist's arm and body or positioning the child firmly in the dental chair. Keep in mind that this is not a wrestling match and you will be immediately contacted if the patient requires restraint.
- **PHYSICAL RESTRAINT BY THE ASSISTANT:** The assistant restrains the child from movement by holding the child's hands, stabilizing the head and/or controlling leg movement. Sorry, we will not hold anyone down, that is not our job.
- **PEDI-WRAPPS:** These are restraining devices for limiting the disruptive child's movements to prevent injury and to enable the dentist to provide necessary treatment. The child is wrapped in a restraining "blanket" and placed in a reclined dental chair. Your child will not be restrained without your specific consent for such a procedure.
- **SEDATION:** Sometimes medications may be used to relax a child who is apprehensive or nervous. These drugs may be administered orally, or by a gas (nitrous oxide and oxygen). The child does not become unconscious. Your child will not be sedated without you being further informed and obtaining your specific consent for such a procedure. This usually requires a different appointment.

I hereby state that I have read and understand this consent, and that all questions about the procedure or procedures have been answered in a satisfactory manner. I understand that I have the right to be provided with answers to questions that may arise during the course of my child's treatment. I acknowledge that the above information is correct and grant this office permission to provide my child's dental and related medical/surgical treatment as deemed necessary, utilizing proper and acceptable methods used in the specialty of pediatric dentistry to complete same treatment, including diagnostic radiographs. I give my consent for the administration of local anesthetics and nitrous oxide (laughing gas). If my child ever has a change in his/her health or his medications change, I will inform the doctor at the next appointment without fail. At no time will care be rendered to a child without informing the parent or guardian of such care. For specific procedures, further information will always be provided. I further understand that this consent will remain in effect until such time that I choose to terminate it by written request.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Children's Dentistry of Lincoln Office Guidelines/Policy

### Parents present in the treatment areas:

Children's Dentistry of Lincoln does not have a specific policy on parental presence during treatment. We greatly appreciate the trust you have placed in us to treat the most precious member(s) of your family. Research has repeatedly shown that children under the age of four may experience some stranger anxiety and therefore it is best if they are accompanied by a family member. Children older than four, however, consistently do better if the parent is not present during treatment. This allows for unobstructed communication between the dental team and the patient. We do not support the concept of having the parent leave the treatment area after the patient exhibits unwanted behavior because the young patient may take this as a punishment. **We also ask that only one parent accompany a child back and to make other arrangements for siblings if they are not scheduled, as they will not be allowed back in treatment areas.** We will treat your child the way we would like our own children to be treated by other health professionals and therefore we will ask for your presence as a "silent" observer if behavior becomes an issue. Please be aware that your presence may not allow us to perform any treatment and we may have to schedule a different appointment. Again, we appreciate your confidence and trust.

### No-Show/Failed appointments:

**We request that you give us at least a 48 hour notification if you are unable to keep an appointment.** Not only is this a general courtesy, but this allows us to schedule other patients who may be waiting to be seen. **Repeated failure to show for appointments will not allow us to schedule any more treatment for your child.** We understand that circumstances will occur which may keep you from attending an appointment, however, after the second failed appointment without proper notification, we will assist you in making arrangements to have your child's care transferred to another dentist.

### Late arrivals:

We value your time; therefore we make every effort to stay on schedule. Arriving late to your child's appointment does not allow time for the treatment planned for that appointment. **If you arrive later than 10 minutes we will ask you to reschedule on a different date.** Sometimes it is better to reschedule than to keep your family waiting. Calling to tell us that you will be late will be considered a failed appointment.

### Inclement Weather Policy:

When Lincoln Public Schools are canceled due to inclement weather our office will have a late start of 10:00AM. If the weather remains hazardous then we may cancel the rest of the day.

### Financial Responsibility:

**Full Payment is expected at the time of service.** Major credit cards, checks and cash are accepted. For patients with dental insurance, the co-insurance, deductible and non-covered expenses are due at the time of service. If you provide us with your insurance information and card, as a courtesy to our patients, we will complete insurance claim forms at our expense. The office will file to your insurance company the portion which should be covered by them. Billing by our office requires staff time and materials which result in higher fees. **To avoid any misunderstandings we ask that you take care of the financial portion at each appointment.** If the payment is not received from your insurance company within 60 days of filing the claim, the balance will be due. Each patient is ultimately responsible for the timely payment of their account.

Your signature below signifies that you have read and understand the policies explained in these paragraphs. By signing this form, you accept financial responsibility for this patient, authorize the release of any information necessary to process insurance claims and authorize insurance payments to Dr. Tom Milius. You agree to inform the appropriate staff of Children's Dentistry of Lincoln of any changes in the financial arrangements prior to treatment.

\_\_\_\_\_  
Signature of guarantor of payment/responsible party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

### Confidentiality Policy

I have read and agree with the notice of Privacy Practices for Children's Dentistry of Lincoln. (HIPPA form).

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient