



Pediatric Dentistry & Orthodontics

Verification and General Informed Consent

Our philosophy is based on our commitment to nurturing well-being and creating a supportive environment for children, teens and young adults. We aim to deliver the highest quality pediatric and orthodontic dental care to each child in a safe and comfortable manner.

Our team will be working collaboratively to guide your child through their visit with warmth, friendliness, gentle persuasion, humor, kindness, and understanding.

Pediatric dentists use many behaviors guided techniques to gain the trust of child patients. The behavior management techniques used in our office are approved by the American Academy of Pediatric Dentistry. Several are summarized on this form.

It is our intent to provide our families with information regarding any treatment that we are recommending. Informed consent indicates your awareness of, and agreement to, sufficient information to allow you to make an informed personal choice concerning your child's dental treatment after considering the risks, benefits, and alternatives, including the advantages and disadvantages of each treatment option. We aim to provide the best possible dental care for your child.

Please read this form carefully and ask about anything you do not understand or have further questions about. We will be pleased to further explain and discuss with you.

Here are some behavioral management techniques that can be utilized in pediatric dentistry:

TELL-SHOW-DO: The dentist or assistant explains to the child what is to be done using simple, age-appropriate terminology and repetition. The procedure is then demonstrated to the child on a model (the child's finger). The procedure is then performed as described. Praise is used to reinforce cooperative behavior.

POSITIVE REINFORCEMENT: Desirable behavior is acknowledged as good and rewarded with compliments, praise, prizes, or stickers.

ONE-ON-ONE COMMUNICATION: Our team gives each child undivided attention. This allows the team to build a bond of trust with the child and gain his/her full attention and trust.

By signing this form, parent/caregiver agrees to the following:

I understand that specific dental/surgical procedures will be explained when I am presented with any specific dental treatment my child may need. Alternate methods, if any, will also be explained to me, as will the advantages and disadvantages of each. I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and, therefore, there can be no guarantee, expressed or implied, as to the result of the treatment.

I certify that the family, dental and health information I provided to Smiles Pediatric Dentistry & Orthodontics is complete and accurate to the best of my knowledge.

I understand that it is my responsibility to notify the office of any changes in my child's health.

I hereby authorize Smiles Pediatric Dentistry & Orthodontics to proceed with the necessary dental services that my child requires.

I assume financial responsibility for the above-named child. I understand that payment is required in full at the time that services are rendered.

Acknowledgement of Receipt of Dental Materials Fact Sheet

I have received a copy of the dental materials fact sheet from Smiles Pediatric Dentistry & Orthodontics. Additional copies are available at www.smilesla.com

Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the notice of privacy practices of Smiles Pediatric Dentistry & Orthodontics. Additional copies are available at www.smilesla.com

Consent for Use & Disclosure of Health Information

I have read the notice of privacy practices at Smiles Pediatric Dentistry & Orthodontics. I consent to the use and disclosure of health information for the process stated in this notice.

SMILES PEDIATRIC DENTISTRY & ORTHODONTICS

DENTAL MATERIALS

Although we do not place amalgam restorations at our office, we are still required to provide the families we treat with a copy of the Dental Materials Fact Sheet provided by the Dental Board of California. Please read the following.

The Dental Board of California - Dental Materials Fact Sheet

Patient health and the safety of dental treatments are the primary goals of California's dental professionals and the Dental Board of California. The purpose of this fact sheet is to provide you with information concerning the risks and benefits of all the dental materials used in the restoration (filling) of teeth. The Dental Board of California is required by law to make this dental materials fact sheet available to every licensed dentist in the state of California. Your dentist, in turn, must provide this fact sheet to every new patient and all patients of record only once before beginning any dental filling procedure. As the parent/guardian, you are strongly encouraged to discuss with your dentist the facts presented concerning the filling materials being considered for your treatment.

Allergic Reactions to Dental Materials

Components in dental fillings may have side effects or cause allergic reactions, just like other materials we may come in contact within our daily lives. The risks of such reactions are very low for all types of filling materials. Such reactions can be caused by specific components of the filling materials such as mercury, nickel, chromium, and/or beryllium alloys. Usually, an allergy will reveal itself as a skin rash and is easily reversed when the individual is not in contact with the material. There are no documented cases of allergic reactions to composite resin, glass ionomer, resin ionomer, or porcelain. However, there have been rare allergic responses reported with dental amalgam, porcelain fused to metal, gold alloys, and nickel or cobalt-chrome alloys. If you suffer from allergies, discuss these potential problems with your dentist before a filling material is chosen.

Toxicity of Dental Materials

• Dental Amalgam

Mercury in its elemental form is on the State of California's Proposition 65 list of chemicals known to the state to cause reproductive toxicity. Mercury may harm the developing brain of a child or fetus. Dental amalgams are created by mixing elemental

mercury (43-54%) and an alloy powder (46-57%) composed mainly of silver, tin, and copper. This has caused discussion about the risks of mercury in dental amalgam. Such mercury is emitted in minute amounts as vapor. Some concerns have been raised regarding possible toxicity. Scientific research continues on the safety of dental amalgam. According to the Centers for Disease Control and Prevention, there is scant evidence that the health of the vast majority of people with amalgam is compromised. The Food and Drug Administration (FDA) and other public health organizations have investigated the safety of amalgams used in dental fillings. The conclusion: no valid scientific evidence has shown that amalgams cause harm to patients with dental restorations, except in rare cases of allergy. The World Health Organization reached a similar conclusion stating, "Amalgam restorations are safe and cost effective." A diversity of opinions exists regarding the safety of dental amalgams. Questions have been raised about its safety in pregnant women, children, and diabetics. However, scientific evidence and research literature in peer-reviewed scientific journals suggest that otherwise healthy women, children, and diabetics are not at an increased risk from dental amalgams in their mouths. The FDA places no restrictions on the use of dental amalgams.

- **Composite Resin**

Some Composite Resins include Crystalline Silica, which is on the State of California's Proposition 65 list of chemicals known to the state to cause cancer.

The durability of any dental restoration is influenced not only by the material it is made from but also by the dentist's technique when placing the restoration. Other factors include the supporting materials used in the procedure and the patient's cooperation during the procedure. The length of time a restoration will last depends upon your dental hygiene, home care, and diet and chewing habits. It is always a good idea to discuss any dental treatment thoroughly with your dentist.

Dental Materials - Advantages and Disadvantages

- **Dental Amalgam**

Dental amalgam is a self-hardening mixture of silver-tin-copper alloy powder and liquid mercury and is sometimes referred to as silver fillings because of its color. It is often used as a filling material and replacement for broken teeth.

Advantages: Durable and long lasting, wears well and holds up to the forces of biting, relatively inexpensive, generally completed in one visit, self-sealing and minimal to no shrinkage, resists leakage, resistance to further decay is high but can be difficult to find in early stages, frequency of repair and replacement is low.

Disadvantages: refer to "What About the Safety of Filling Materials", gray colored, not tooth colored, may darken as it corrodes; may stain teeth over time, requires removal of

some healthy tooth, in larger amalgam fillings, the remaining tooth may weaken and fracture, because metal can conduct hot and cold temperatures, there may be a temporary sensitivity to hot and cold, contact with other metals may cause occasional, minute electrical flow

• Composite Resin

Composite fillings are a mixture of powdered glass and plastic resin, sometimes referred to as white, plastic, or tooth-colored fillings. It is used for fillings, inlays, veneers, partial and complete crowns, or to repair portions of broken teeth.

Advantages: strong and durable, tooth colored, single visit for fillings, resist breaking, maximum amount of tooth preserved, small risk of leakage if bonded only to enamel, does not corrode, generally holds up well to the forces of biting depending on product used, resistance to further decay is moderate and easy to find, frequency of repair or replacement is low to moderate

Disadvantages: refer to "*What About the Safety of Filling Materials*", moderate occurrence of tooth sensitivity; sensitive to dentist's method of application, costs more than dental amalgam, material shrinks when hardened and could lead to further decay and/or temperature sensitivity, requires more than one visit for inlays, veneers, and crowns, may wear faster than dental enamel, may leak over time when bonded beneath the layer of enamel

• Glass Ionomer Cement

Glass ionomer cement is a self-hardening mixture of glass and organic acid. It is tooth-colored and varies in translucency. Glass ionomer is usually used for small fillings, cementing metal and porcelain/metal crowns, liners, and temporary restorations.

Advantages: reasonably good esthetics may provide some help against decay because it releases fluoride, minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel, material has low incidence of producing tooth sensitivity, usually completed in one dental visit

Disadvantages: cost is very similar to composite resin (which costs more than amalgam), limited use because it is not recommended for biting surfaces in permanent teeth, as it ages, this material may become rough and could increase the accumulation of plaque and chance of periodontal disease, does not wear well; tends to crack over time and can be dislodged

• Resin Ionomer Cement

Resin ionomer cement is a mixture of glass and resin polymer and organic acid that hardens with exposure to a blue light used in the dental office. It is tooth colored but more translucent than glass ionomer cement. It is most often used for small fillings, cementing metal and porcelain metal crowns and liners.

Advantages: very good esthetics, may provide some help against decay because it releases fluoride, minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel, good for non-biting surfaces, may be used for short-term primary teeth restorations, may hold up better than glass ionomer but not as well as composite, good resistance to leakage, material has low incidence of producing tooth sensitivity, usually completed in one dental visit

Disadvantages: cost is similar to composite resin (which costs more than amalgam), limited use because it is not recommended to restore the biting surfaces of adults, wear faster than composite and amalgam

• Porcelain Ceramic

Porcelain is a glass-like material formed into fillings or crowns using models of the prepared teeth. The material is tooth colored and is used in inlays, veneers, crowns and fixed bridges.

Advantages: very little tooth needs to be removed for use as a veneer; more tooth needs to be removed for a crown because its strength is related to its bulk (size), good resistance to further decay if the restoration fits well, is resistant to surface wear but can cause some wear on opposing teeth, resists leakage because it can be shaped for a very accurate fit, the material does not cause tooth sensitivity

Disadvantages: material is brittle and can break under biting forces, may not be recommended for molar teeth, higher cost because it requires at least two office visits and laboratory services

• Nickel or Cobalt-chrome Alloys

Nickel or cobalt-chrome alloys are mixtures of nickel and chromium. They are a dark silver metal color and are used for crowns and fixed bridges and most partial denture frameworks.

Advantages: good resistance to further decay if the restoration fits well, excellent durability; does not fracture under stress, does not corrode in the mouth, minimal amount of tooth needs to be removed, resists leakage because it can be shaped for a very accurate fit

Disadvantages: is not tooth colored; alloy is a dark silver metal color, conducts heat and cold; may irritate sensitive teeth, can be abrasive to opposing teeth, high cost; requires at least two office visits and laboratory services, slightly higher wear to opposing teeth

• Porcelain fused to metal

This type of porcelain is a glasslike material that is "enameled" on top of metal shells. It is tooth-colored and is used for crowns and fixed bridges.

Advantages: good resistance to further decay if the restoration fits well, very durable, due to metal substructure, the material does not cause tooth sensitivity, resists leakage because it can be shaped for a very accurate fit

Disadvantages: more teeth must be removed (than for porcelain) for the metal substructure, higher cost because it requires at least two office visits and laboratory services

• Gold Alloy

Gold alloy is a gold-colored mixture of gold, copper, and other metals and is used mainly for crowns and fixed bridges and some partial denture frameworks.

Advantages: good resistance to further decay if the restoration fits well, excellent durability; does not fracture under stress, does not corrode in the mouth, minimal amount of tooth needs to be removed, wears well; does not cause excessive wear to opposing teeth, resists leakage because it can be shaped for a very accurate fit

Disadvantages: it is not tooth colored; alloy is yellow, conducts heat and cold; may irritate sensitive teeth, high cost; requires at least two office visits and laboratory services

NOTICE OF PRIVACY PRACTICES

This Notice describes how your child's health information may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your child's health information is important to us.

Our Legal Duty

Federal and state laws require us to maintain the privacy of your child's health information. We are also required to provide this Notice about our office's privacy practices, our legal duties, and your rights regarding your child's health information. We are required to follow the practices that are outlined in this Notice while it is in effect. This Notice takes effect on September 1st, 2013, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the updated terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a notable change in our privacy practices, we will change this Notice and make the new Notice available upon request. For more information about our privacy practices or additional copies of this Notice, please contact us (contact information below).

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about your child for treatment, payment, and healthcare operations. For example:

Treatment: We disclose medical information to our employees and others who engage in providing the care your child needs. We may use or disclose your child's health information to another dentist or other healthcare providers providing treatment which we do not provide. We may also share your child's health information with a pharmacist to provide your child with a prescription, or with a laboratory that performs tests or fabricates dental prostheses or orthodontic appliances.

Payment: We may use and disclose your child's health information to obtain payment for services we provide, unless you request that we restrict such disclosure to your child's health plan when you have paid out-of-pocket and in full for services rendered.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include, but are not limited to, quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Your Authorization: In addition to our use of your child's health information for treatment, payment, or healthcare operations, you may give us written authorization to use your child's health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your child's health information to you, as described in the Patient Rights section of this Notice. You have the right to request restrictions on disclosure to family members, other relatives, close personal friends, or any other person identified by you.

Unsecured Email: We will not send you unsecured emails pertaining to your child's health information without your prior authorization. If you do authorize communications via unsecured email, you have the right to revoke the authorization at any time.

Persons Involved in Care: We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your child's personal representative or another person responsible for your child's care, of

your child's location, your child's general condition, or death. If you are present, then prior to use or disclosure of your child's health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your child's healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your child's best interest in allowing a person to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of health information.

[Marketing Health-Related Services:](#) We may contact you about products or services related to your child's treatment, case management or care coordination, or to propose other treatments or health-related benefits and services in which you may be interested. We may also encourage you to purchase a product or service when you visit our office. If your child is currently an enrollee of a dental plan, we may receive payment for communications to your family in relation to our provision, coordination, or management of your child's dental care, including our coordination or management of your child's health care with a third party, our consultation with other health care providers relating to your child's care, or if we refer you for health care. We will not otherwise use or disclose your child's health information for marketing purposes without your written authorization. We will disclose whether we receive payments for the marketing activity you have authorized.

[Change of Ownership:](#) If this dental practice is sold or merged with another practice or organization, your child's health records will become the property of the new owner. However, you may request that copies of your child's health information be transferred to another dental practice.

[Required by Law:](#) We may use or disclose your child's health information when we are required to do so by law.

[Public Health:](#) We may, and are sometimes legally obligated, to disclose your child's health information to public health agencies for purposes related to preventing or controlling disease, injury or disability; reporting abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. Upon reporting suspected elder or dependent adult abuse or domestic violence, we will promptly inform you or your personal representative unless we believe the notification would place your child at risk of harm or would require informing a personal representative, we believe is responsible for the abuse or harm.

Abuse or Neglect: We may disclose your child's health information to appropriate authorities if we believe that your child is a victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your child's health information to the extent necessary to avert a serious threat to your child's health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose authorized federal officials' health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose correctional institutions or law enforcement officials having lawful custody of protected health information of inmates or patients under certain circumstances.

Appointment Reminders and Communications: We may contact you via phone, email, text messaging, postcards, or letters. We may also leave a message with the person answering the phone if you are not available.

Sign In Sheet and Announcement: Upon arriving at our office, we may use and disclose medical information about your child by asking that you sign an intake sheet at our front desk. We may also announce your child's name when we are ready to see your family.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your child's health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your child's health information. You may obtain a form requesting access by contacting our office. We will charge you a reasonable cost-based fee for expenses such as copies and team time. You may also request access by sending us a letter. If you request copies, there may be a charge for time spent. If you request an alternate format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us for a full explanation of our fee structure.

Disclosure Accounting: You have a right to receive a list of instances in which we disclosed your child's health information for purposes other than treatment, payment, healthcare operations and certain other activities for the last six years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your child's health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in emergency). In the event you pay out-of-pocket and in full for services rendered, you may request that we not share your child's health information with your health plan. We must agree to this request.

Alternative Communication: You have the right to request that we communicate with you about your child's health by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location and provide a satisfactory explanation of how payments will be managed under the alternative means or location you request.

Breach Notification: In the event your child's unsecured protected health information is breached, we will notify you as required by law. In some situations, you may be notified by our business associates.

Amendment: You have the right to request that we amend your child's health information. (Your request must be in writing, and it must explain why the information should be amended). We may deny your request under certain circumstances.

Questions and Complaints: If you want more information about our privacy practices or have questions or concerns, please contact us at:

Contact: **Smiles Pediatric Dentistry & Orthodontics**

Website: www.smilesla.com

Telephone: (310) 837-6453

E-mail: info@smilesla.com

Address: 10582 W. Pico Blvd. Los Angeles, CA, 90064

If you are concerned that we may have violated your child's privacy rights, or you disagree with a decision we made about access to your child's health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may send a written complaint to our office or to the U.S. Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

RBA OF PEDIATRIC DENTAL PROCEDURES

My child's individual treatment plan has been fully explained to me including all the possible procedures that may be necessary during the dental visit. I have been shown examples and images of the proposed care in addition to models that demonstrate what the final restorations could look like. I understand that changes may be made to the original treatment plan and that I will be informed of these changes. The risks, benefits and alternatives (RBA) of the following procedures have been clearly explained to me. I understand that my child may undergo some or all the listed procedures.

Local anesthesia:

Anesthetizing agents are infiltrated into a small area or injected as a nerve block directly into a larger area of the mouth with the intent of numbing the area to receive dental treatment.

Risks: Include but are not limited to: Lasting numbness up to 2-3 hours after the procedure (rarely, it can last longer or be permanent if nerve damage occurs), infection or swelling at the injection site, allergic reactions, dizziness, nausea, vomiting, biting of tongue, lip or cheek can occur.

Benefits: Pain is lessened or eliminated during the dental procedure.

Alternatives: Depending on the situation, observation or bypassing the local anesthetic could be alternative options.

Sealants:

A tooth-colored dental material is used to seal (plug) the deep grooves on the chewing surfaces of molar teeth (or any deep groove found on any tooth surface) to prevent tooth decay from starting in these areas. Primary and permanent teeth can be treated with this procedure. The material is placed then hardened with a special dental curing light.

Risks: Include but are not limited to: Minor chewing surface changes (occlusal changes) which may require adjustments, loss of sealant if not checked periodically rendering the tooth susceptible to dental decay again.

Benefits: Reduction in caries.

Alternatives: Could include observation in certain circumstances.

Composite restorations:

A tooth-colored dental restorative material is used to restore the tooth surfaces that were damaged by the caries process (cavity). These materials are placed as a soft material initially but are then hardened via a special dental curing light.

Risks: Include but are not limited to: Preparing the tooth could result in tooth nerve irritation (called the pulp of the tooth) causing sensitivity to heat/cold. Such teeth could require further root canal treatment. The fillings can alter the way the teeth fit together resulting in bite changes (occlusal changes) that could require adjustments.

Benefits: Restoration of caries with cosmetic appearance.

Alternatives: Depending on the situation, I understand that alternatives (such as a glass ionomer restoration) may exist and have been discussed with me.

Pulpotomy:

A root canal treatment for a primary tooth is needed to treat and preserve a tooth with deep decay that goes beyond the hard shell of the tooth (enamel/dentin) and involves the pulp of the tooth (nerve). Treatment involves creating an opening through the top of the tooth and removing part or all the tooth's infected nerve. Medications can be used to help sterilize the inside of the tooth and to prevent further infection.

Risks: Include but are not limited to: Tenderness and discomfort after the treatment, continuation of the inflammation, possible inability to restore the remainder of the tooth without placing a crown, reactions to the medications used, possible need for extraction.

Benefits: Avoiding extraction and space maintenance appliances along with relief of pain and preserving the tooth for the longest time possible.

Alternatives: Depending on the situation, I understand that alternatives (such as an extraction or indirect pulp treatment) may exist and have been discussed with me.

Pediatric dental crown:

Pediatric crowns are used to restore function and sometimes esthetics to severely broken-down teeth. They are made in either stainless steel (usually used for back teeth), resin or zirconia (esthetic option) used for the front teeth or the more visible teeth.

Placing them necessitates preparing the tooth surface to receive the crown and then selecting the best fitting size and cementing it onto the remaining tooth structure.

Risks: Include but are not limited to: Preparing the tooth could result in tooth nerve irritation (called the pulp of the tooth) causing sensitivity to heat/cold. Such teeth could require further root canal treatment. The crowns can alter the way the teeth fit together resulting in bite changes (occlusal changes) that could require adjustments, loss of the crown, gingival (gum line) irritation.

Benefits: Durability compared to other options.

Alternatives: Depending on the situation, I understand that alternatives (such as placing a large composite filling) may exist and have been discussed with me.

Extractions:

This procedure involves removing one or more teeth. Depending on their condition, this may require sectioning the teeth or trimming of adjacent bone or soft tissues. If unexpected difficulties occur during the procedure, we may need to refer your child to an oral surgeon.

Risks: Include but are not limited to: Pain, swelling or infection at the extraction site. fractures in the adjacent bone or damage to adjacent teeth, remaining tooth remnants which can be left but could cause infection at times.

Benefits: Removal of infected tissue from the mouth of your child which can affect their general health.

Alternatives: Depending on the situation, I understand that alternatives (such as trying to preserve the tooth) may exist and have been discussed with me.

Space maintainer:

This is a special appliance designed to keep your child's teeth from shifting after an extraction has been completed. A S/M can ensure that the necessary space for future permanent teeth is preserved. A S/M can be fabricated in our office and placed directly in your child's mouth. Or it can be lab fabricated. A digital impression or oral scan will be needed of your child's teeth to create the appliance and fit it to your child's mouth.

Risks: Include but are not limited to: Discomfort at the S/M site, adjustment difficulties to a new appliance in the child's mouth, loss of appliance or even swallowing it by the child.

Benefits: Reduction of the need for future orthodontic treatment for space regaining.

Alternatives: Depending on the situation, I understand that alternatives (such as early orthodontic care) may exist and have been discussed with me.

Pedi-partial:

An appliance which includes one or more pretend teeth to restore your child's smile after the loss of one or more primary front teeth has occurred. The appliance requires a digital impression or oral scan of your child's mouth. The appliance is attached to bands that fit on the back teeth via wire or resin attachments. It is usually bonded with a special dental glue onto your child's molars. This keeps the appliance in place and prevents your child from removing it.

Risks: Include but are not limited to: Gingival irritation around the appliance, food retention and difficulty cleaning, periodic need for evaluation.

Benefits: Cosmetic and psychological benefits for the child. Can also help restore speech.

Alternatives: Depending on the situation, I understand that alternatives (such as observing) may exist and have been discussed with me.

Laser Use:

Soft and hard tissue lasers can be used as an alternative to surgical approaches in multiple dental procedures. These include: Treatment of caries, contouring of gingival margins, frenectomies for lip and tongue ties, removal of oral lesions.

Risks: Include but are not limited to: Pain tissue irritation and burning, temporary charring or darkening of tissues.

Benefits: Rapid and simple surgical procedures can be easily completed without the need for local anesthesia in many situations. No sutures needed. Bleeding is much reduced around surgical site. Better pain control in area of use compared to traditional surgical intervention.

Alternatives: Depending on the situation, alternatives such as traditional surgical approach or observations exist.

Teeth Whitening:

Whitening gels are useful to improve enamel appearance and eliminate external stains that do not respond to traditional polishing.

Risks: Include but not limited to: Tooth sensitivity, soft tissue irritation.

Benefits: Improved color of enamel and removal of superficial stains. Easy application.

Alternatives: Depending on the situation, observation or alternate materials could be an option.

Silver Diamine Fluoride:

Silver diamine fluoride is a liquid medication that can be used on cavities to help stop tooth decay. Using it can reduce or eliminate the need for traditional fillings in some circumstances. The affected area will stain in a permanent black color after the application.

Risks: Include but are not limited to: Temporary discoloration of the gums or skin if accidentally exposed. This stain is not harmful and will disappear in one to three weeks. Repeat applications of the material may be needed and if the cavity does not stop progressing, a traditional filling will need to be planned.

Benefits: Avoiding traditional restorations when they are challenging to place. Simple application. Stopping a cavity from progressing.

Alternatives: Depending on the location, a filling or crown may be needed after the application.

TREATMENT CONSENT AND FINANCIAL POLICY

Every child at Smiles Pediatric Dentistry & Orthodontics is unique. A tailored plan that best serves your child and is most comfortable for you is our goal.

1. Our administrative team will be explaining what fees to be expected prior to your visit. Payments are due when treatment is rendered. We accept cash, ACH transfers, major credit cards and debit cards.
2. An active Credit Card will be kept on file for all balances not covered in full on the day of care.
3. For dental insurance benefits, we require the insurance information at least 72 hours in advance of the visit. This timeframe allows our team to research your plan benefits as a courtesy and to provide you with a general estimate of coverage.
4. Our office can file the insurance claim on your behalf. Please be familiar with your benefits to better understand the process. We file electronic claims that are paid within 30 days.
5. Please keep in mind that your insurance contract is between your insurance company and you or your employer. We are considered a third party. If you have questions about your specific plan, we encourage you to personally contact your carrier.
6. Our clinical team bases our individualized care and sound recommendations on what is in the highest good of your child rather than the limitations of insurance policies. As an example, many children benefit from more than two dental cleanings in one year or may need to return to see us at an earlier date than six months. Another example is the use of dental materials. Our office utilizes state-of-the-art materials.
7. For most dental plans, the smoothest route is for you to pay our office directly and for us to assign the insurance payment directly to you. This allows for ease and speeds up the processing. In this case, you will receive a personal reimbursement check from your carrier based on your individual coverage.
8. The portions of dental services that are not covered by the insurance company are **estimated** and due at the time of service along with any deductibles that apply.
9. **Estimates** of what your insurance plan will cover are based upon information gathered from your insurance company. Sometimes, when the claim is processed, the company downgrades certain services. Outstanding balances after the insurance claim has been processed are your responsibility and will automatically be charged to the credit card or ACH account on file.
10. If your insurance does not pay in full for any reason (employment changes, reductions in benefit, change in patient status, treatment costs exceed annual

maximum benefits, six-month restrictions on routine visits), you will be responsible for the remaining balance of the treatment and will be charged to the credit card or ACH account on file.

11. We strive to provide excellent pediatric dental care. Once your child's individualized treatment plan has been agreed upon, we make every attempt to complete it. Sometimes during the course of treatment, the initial treatment plan needs to be adjusted. This can occur if new dental findings were noted or if the carious lesion was more extensive than previously noted on the diagnostic image. Another circumstance is children undergoing deep sedation due to behavioral challenges. Often, diagnostic images are taken after the child is sedated and therefore, the initial treatment plan can be changed. These changes will be clearly explained to you during the course of treating your child. Please note that these changes will impact on the initial estimate and that you will be responsible for covering the difference in amount.
12. If a treatment session is required for your child, an exclusive time slot will be reserved with the doctor to complete the necessary care. Our office takes pride in the individualized care we provide for children. We do not overlap treatment appointments so that your child can have the doctor's undivided attention. Therefore, we kindly ask parents to inform us of any changes in their schedule 48 hr. in advance.
13. Deposits are required when reserving a treatment slot with the doctors as follows:
 - 50% of the estimated fee for all treatment cases.
 - Deposits are applied towards the estimated fee of the dental treatment. If a family has dental insurance, the deposit will be applied towards the portion of payment that is not covered by the family's insurance company. *We reserve the right to charge a \$150 fee for families who do not honor our 48-hr. notice policy.*
14. By signing this form, you give us permission to debit your account for any outstanding balances.

My child's individual treatment plan has been discussed with me. All options of the proposed plan have been explained, and all my questions have been answered. I understand that changes may be made to the original treatment plan and that I will be informed of these changes. I have read and fully understand the financial policies of this office. I agree to be financially responsible for my child's dental care at Smiles Pediatric Dentistry & Orthodontics. I understand that this consent shall remain in full force and effect until cancelled by either myself or Smiles Pediatric Dentistry & Orthodontics. My signature, as a parent/guardian, on this form authorizes the completion of all agreed upon dental treatment and the use of the appropriate methods to do so.