

Smiles 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 behavior guidance techniques in order to gain the trust of child patients. The behavior management techniques used in our office are approved by the American Academy of Pediatric Dentistry and are summarized on this form.

It is our obligation 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. It is our intent 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 these 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.

SOLO COMMUNICATION: We appreciate it when parents allow our team to directly communicate with our patients. This allows the team to more effectively verbalize with the child one-on-one and gain his/her full attention.

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

- 1 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.

- 2 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.
- 3 I understand that it is my responsibility to notify the office of any changes in my child's health.
- 4 I hereby authorize Smiles Pediatric Dentistry & Orthodontics to proceed with the necessary dental services that my child requires.
- 5 I assume financial responsibility for the above named child. I understand that payment is required in full at the time that services are rendered.
- 6 I understand that changes to the initial treatment plan may be required during the course of treatment and that I will be informed of such changes.
- 7 Cancellation policy: I understand that canceled appointments without a prior 48 hr notice are subject to a \$150.00 cancellation fee.

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 <http://www.smilesia.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 <http://www.smilesia.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.

For office use: I have reviewed the above information with the parent/guardian.