

INFORMED CONSENT FOR PATIENT MANAGEMENT TECHNIQUES AND DENTAL TREATMENT

This office provides our prospective patients with information regarding the treatment or procedures that they are contemplating. We also wish to obtain your consent for any specific dental procedures or techniques which might be of concern to patient or parent. Informed consent indicates your awareness of sufficient information to allow you to make an informed personal choice concerning your child's dental treatment after considering the risks, benefits and alternatives.

There are several behavior management techniques that are used by pediatric dentists to gain the cooperation of child patients to eliminate disruptive behavior or prevent patients from causing injury to themselves due to uncontrollable movements. The behavior management techniques used in this office are as follows:

1. **Tell-Show-Do:** The dentist, hygienist or assistant explains to the child what is to be done using simple terminology and repetition and then shows the child what is done by demonstrating with instruments on a model, the dentist's finger or the child's finger. The procedure is then performed in the child's mouth as described. Praise is used to reinforce cooperative behavior.
2. **Positive Reinforcement:** This technique rewards the child who displays and behavior which is desirable. Rewards include compliments, praise, pat on the back, hug or a prize. It is left to the dentist's discretion if the child is rewarded with a prize at the end of their visit, in order to reinforce that uncooperative behavior is not tolerated in this office. A visit to the dental office does not guarantee a reward in the form of a prize.
3. **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. Parents are reminded that if voice control is used on their child, the dentist, hygienist or assistant is not angry with their child, but is using a technique to gain their child's attention.
4. **Physical Restraint:** The parent or guardian restrains the child from movement by holding the child's hands, immobilizing their head and/or controlling the leg movements. Most parents understand the necessity of dental care and if physical restraint is required, parents will ask that our dental staff perform the necessary restraint. Furthermore, sometimes while anesthesia is being given a child will reach up and attempt to grab the dentist's hand or instruments. If a child's movements present a danger to himself/herself, the attending physician or dental auxiliary, Dr. Farrow will ask the dental auxiliary of their choice to hold the child still with light restraint to prevent injury to the child or the dental staff. We will continue to be supportive of your child at all times and will not resort to harsh or rough tactics.
5. **Medical Immobilization (Papoose):** When employing oral sedation or in emergency situations in pediatric dentistry, it becomes necessary to control excessive head, arm and leg movement in order to provide safe, comfortable and quality dental treatment. Almost always, these patients are very young, extremely fearful and/or moderately to severely disabled. The most compassionate technique we have found for immobilizing these special patients involves the use of the Papoose Board (also known as a "sleeping bag" or "protective blanket") and one or more safety belts. We believe that this approach is much less traumatic than restraining your child using several adults.
6. **Parent/Guardian In The Treatment Room:** Parents/Guardians are permitted to be with their child during the first cleaning or exam appointment; however, at each subsequent appointment, we ask that the parent/guardian retreat to the lobby area until their child's treatment has been completed. Our intentions are to establish a rapport with your child, to give them our full attention, to gain their confidence and help them overcome apprehension. Also, the doctor may be performing an invasive procedure, such as a filling, and minimal movement, conversation and distraction in and around the operative area are crucial for focus and optimal care of our patients. There may be circumstances that require a parent/guardian to be present. This will be done on a case-by-case basis. We thank you for your cooperation and support.

The listed pediatric dentistry behavior techniques are understood, and I hereby authorize and direct Dr. Farrow and/or dental auxiliaries of the choice to utilize the behavior modification techniques listed. Sedation (oral and/or nitrous oxide) will only be used after a thorough discussion with me to ensure that this is the appropriate manner in which to treat my child. Many routine dental procedures do not require sedation and, if necessary due to behavior and/or dental procedure, Dr. Farrow will discuss with me their recommendation. However, if I feel it is necessary to sedate my child for a procedure that I think/know will be difficult for them (although sedation may not be a routine procedure for children of a particular age and/or dental procedure and although my child's behavior appears cooperative to the dentist), I MUST notify the dentist BEFORE the procedure begins, otherwise, the treatment will be rendered per the dentists recommendations.

Parent/Guardian Initials

After careful examination of your child, Dr. Farrow will provide you with a proposed treatment plan (if treatment is needed following an examination and/or cleaning and radiographs) for your child with the understanding that dental treatment may/can change depending on several factors, such as, but not limited to; behavior, timely kept appointments, x-rays and growth and development. Although this consent is usually signed at the first dental appointment, giving consent today allows for future exams, necessary check-ups, cleanings and radiographs for future visits. If other dental treatment is necessary, you will be given that recommended treatment in writing and will be asked to sign giving your consent.

I hereby acknowledge that I have read, agree to and understand this consent and that all questions about the behavior management techniques described have been answered in a satisfactory manner and I further 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 further understand that this consent shall remain in effect until terminated by me. A scanned copy of this consent shall serve as the original. I also understand that by signing this consent once, it shall be in effect for every future dental appointment at this office, although treatment may be added/changed. **Please sign below giving consent to examine your child which may include some or all of the following procedures including above mentioned behavioral techniques: initial examination including but not limited to; scaling, prophylaxis, fluoride and necessary radiographs.**

Parent/Guardian Printed Name _____ Date: _____

Parent/Guardian Signature _____