

MYERS PEDIATRIC DENTISTRY & ORTHODONTICS

3200 Old Jennings Road
Middleburg, Florida 32068
(904)505-2010

Informed Consent

As pediatric dentists, we enjoy treating children, but there are a variety of concerns when dealing with their behavior. Some children may need assistance to cooperate. We have received special training to help guide children through their dental experience and make it a pleasurable one. The purpose of this form is to explain the various methods we may use to manage your child, get your consent for use of these methods, and to familiarize you with some of our office policies. Please initial after each section certifying that you have read the explanation.

Tell-Show-Do:

Tell-show-do is a method used with children in which we explain what is to be expected at each visit. First, we tell them what is to be done. Then we show how it is done, and finally we do the procedure._____

Nitrous Oxide Sedation:

Anxious children are sometimes given nitrous oxide, or what you may know as laughing gas, to relax then for their dental treatment. The nitrous oxide is given through a small breathing mask which is placed over the child's nose, allowing them to relax, but without putting them to sleep. As soon as the mask is removed, the effects of the gas wear off within five minutes. Children receiving N2O are not to eat or drink anything for 4 hours before the dental procedure._____

Voice Control:

Voice control is a method used when a child is capable of understanding, but is not listening to what we are saying. After several unsuccessful attempts of trying to communicate with the child, we change the tone or volume of our voice to convey a firm attitude without getting angry with the child. Once we have their cooperation, we praise the child for helping._____

Active Restraint:

Active restraint by dental personnel is when the dental assistant or dentist must hold an uncooperative child to keep them from making movements during a procedure. For example, the dental assistant may hold the child's hands, head, or legs while the dentist numbs the teeth. For sedation patients, patients are restrained by a Velcro papoose wrap to ensure that the patient will not hurt themselves during their operative work._____

Parents in the treatment area:

We welcome parent involvement in your child's dental care. You are encouraged to join us in the clinical area to observe and learn alongside your child. If your child is having a difficult time, we may request that you step outside the room in order to gain control of the situation and re-establish the cooperation of your child. This is a rare occurrence at our office.

Due to the nature of our sedation procedures, parents are not allowed in the operatory during these procedures.

Legal Guardian:

A parent or legal guardian must be present during all treatment planning sessions and conscious sedation appointments. If this is not possible, the parent must obtain a notarized letter granting a second party permission to make all dental treatment planning decisions, including behavior management and sedation when necessary._____

I authorize Myers Pediatric Dentistry and their assistants as selected by them, to utilize the aforementioned behavior management techniques as they deem necessary to treat my child, who is a minor. I understand the office policies as written and explained to me and agree to adhere to these policies while my child is undergoing dental treatment._____

I understand that I will be made aware of any dental treatment prescribed for my son/ daughter. I will also be advised of any side effects and risk factors involving such treatment. Upon such discussion, I authorize Myers Pediatric Dentistry and their assistant, as selected by them, to complete the aforementioned treatment as they deem necessary to treat my child, who is a minor._____

Signature of Legal Guardian

Date

Name of Child

Relationship to Child

Witness