



Consent for Dental Treatment

Patient Name: _____

I authorize, request, and permit G. Drew Osborn, DDS, Clint Brodal, DMD, and Travis Jones, DDS, and any employees under their supervision to perform any and all dental services in order to preserve and restore my child's oral health. Additionally, I authorize the use of medications, anesthetics, nitrous oxide, and x-rays deemed necessary in the course of treatment. I acknowledge the risks inherent in providing dental treatment and that although good results should be expected, the possibility and nature of complications cannot be accurately anticipated, and thus no guarantee of results can be expressed or implied. I recognize that during the course of treatment unforeseen circumstances may change the diagnosis of the original condition, which would necessitate an extension of the original procedure or a different procedure.

I am aware that occasionally it is extremely difficult to perform dental treatment on a child due to a lack of cooperation. Different techniques are utilized to shape children's behavior so they may receive treatment in an office setting. These techniques include: tell-show-do, positive reinforcement, modeling, voice control/inflection, and nitrous oxide. The back of this consent form has details of the various techniques listed. These techniques are used alone or in combination so the child can be treated safely. I authorize G. Drew Osborn, DDS, and Clint Brodal, DMD, and any employees under his supervision to utilize these shaping techniques, if deemed appropriate and necessary.

I agree to report any health changes to the dentist prior to each visit. I authorize the use of radiographs, photographs, and treatment records for the purposes of teaching or scientific endeavors. This consent shall remain in full force until cancelled by either party.

X _____
Signature

Date

There may be occasions when we may take photographs of your child at our office. We may use these images in our office's documentation, on our web site or in our newsletters. Foothills Pediatric Dentistry has my permission to use my child's first name along with pictures on their Web Site and Newsletters.

X _____
Signature

Date

In 2003, the federal government implemented procedures (known as HIPAA) to protect the health information of patients. Our office will make all reasonable efforts to protect your child's medical and dental information, dental records, and financial information. By signing below you acknowledge that we have publicized our privacy procedures, and you are aware that a copy of such procedures was made available to you. Additionally, you authorize our office to use the information in providing support to other health care providers or financial institutions in order to expedite care for your child. You may request restrictions on your information. Those requests must be in writing. If you have further questions, please contact the US Department of Health and Human Services. Thank you.

X _____
Signature

Date



BEHAVIOR SHAPING TECHNIQUES

Tell-Show-Do: By using certain age-appropriate terms and stories, we tell the children what we will do, then we show them (usually by practicing on their fingernail), then we do it together. It is broken down into steps so they can understand without overwhelming the child.

Positive Reinforcement: Utilizing praise for cooperative behavior—so the children understand the behaviors which are desired and help them cooperate for care.

Modeling: Watching other children (or themselves) have dental care so they can visualize what will be done and give them confidence that they too can do it.

Voice Control/Inflection: Just as parents change their inflection when speaking to their children at home, we utilize varied tones and inflections to gain the child's attention: examples include firm direct commands, whispering, or speaking in a monotone voice. Changing voice tone, pattern, and cadence gains the child's attention and redirects behavior.

Restraint: Holding a child may be necessary for brief periods of time to allow the uncooperative child to receive care in the office safely. We may utilize a dental assistant or a parent/guardian.

Nitrous Oxide: A medication which is very safe and effective to reduce anxiety and increase a child's ability to cooperate for treatment.

We want you to feel comfortable with our recommendations. We want to build trust with your child through age-appropriate terminology, friendliness, compassion, discipline, and consistency. We have a modified parental participation policy. Similar to educational settings, we feel most children will focus better for us when only the dental team has their attention, and parents can be distractions for the children. We ask for your cooperation, however, we do realize that there are exceptions and we will work with those individually. Please feel free to ask any questions regarding the care your child receives.