



## *Office Policy Regarding Patient Treatment*

**Our goal in treating your child is to provide the highest quality of care utilizing the most up-to-date techniques and materials in a safe, friendly environment by our experienced, caring and well trained staff. The following are our guidelines for treatment. If you have any questions or concerns regarding these guidelines, please feel free to ask one of our dentists or staff members anytime for clarification.**

### **TREATMENT**

**We will treat your child the same way we would treat one of our own children. With very few exceptions, most children's dental treatment can be performed in the dental office with local anesthesia, nitrous oxide, and various patient guidance techniques (described on the back of this form). We feel these are safe and effective approaches to treatment for your child.**

**Many adults have a fear of dentistry and, as a result, they often postpone needed dental care until they have significant and complicated dental conditions. One of our goals is to demonstrate to children by example that regular dental visits to maintain dental health have a tremendous reward: a lifetime of healthy teeth and gums. Most of the treatment we perform on children (i.e., dental sealants and dental fillings) is designed to prevent future expensive and complicated dental procedures. We strive to educate children about dentistry and to establish a level of trust and confidence in those dental procedures aimed at preserving good oral hygiene. The result of our efforts helps to reduce the number of children who become adults fearful of dentistry. Winning the trust and confidence of our patients and parents is very important and requires special attention to detail.**

**It is our goal to ensure every child has a positive dental experience. We understand that every child is unique and handles new situations in different ways; however, securing a child's undivided attention is the first step toward that positive experience. Some children do not fear dental procedures and approach them with confidence. Others may feel uncertain and we, at Molar Magic, understand that the presence of a parent/guardian in the clinical environment can positively or negatively impact a child's ability to provide his/her undivided attention during treatment.**

**At Molar Magic, we welcome parents to accompany their children in the clinical environment. For some patients, the presence of a parent/ guardian helps rather than hinders the administration of dental procedures. For other patients, however, having a parent/guardian in the room where dental care is being administered may cause the patient to be inattentive or distracted, to lose their sense of confidence, to be more likely not to adhere to the directions the clinical team provides, and/or to be disinterested in establishing rapport with the dentist providing the care. These resulting behaviors not only interfere with the dental procedure, but they can also put the patient and the clinical staff at risk as well. The office manager along with the doctor and the parents/guardians will work together to identify the most beneficial solution. After all, we believe every child deserves to have positive dental experiences and working together with our parents/guardians helps to ensure that children recognize Molar Magic as a caring, safe, and friendly place.**

## *Pediatric Dental Patient Guidance Techniques*

We deliver professional care in our dental offices with the highest degree of quality for each child. Sometimes a child's apprehension or nervousness can interfere with the ability to address the child's dental needs. All efforts will be made to obtain the cooperation and trust of the child through the use of warmth, friendliness, persuasion, humor, charm, gentleness, kindness, and understanding.

The following methods may be used to encourage your child to participate:

1. **Tell-Show-Do:** The dentist or assistant explains to the child what is to be done using simple terminology and repetition and then shows the child what is to be done by demonstrating with instruments on a model or the child or dentist's finger. Then the procedure is 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 any behavior, which is desirable. Rewards include compliments, praise, a pat on the back, a hug, or a prize.
3. **Voice Control:** The attention of unfocused patients is gained by changing the tone of the dentist's voice. Content of the conversation is less important than the request; however, the content should always include only appropriate requests – ones that provide clear direction while also encouraging the child.
4. **Mouth Props:** A rubber or plastic aide is placed in the child's mouth to prevent closing when a child has trouble maintaining an open mouth.
5. **Patient Immobilization by the Dentist:** The dentist prevents the child from moving by gently holding the child's hands or upper body, stabilizing the child's head, or positioning the child to limit movement in the dental chair.
6. **Patient Immobilization by the Assistant:** The assistant prevents the child from moving by holding the child's hands, stabilizing the head, and/or stabilizing leg movements.
7. **Medical Immobilization / Papoose Board:** This is an immobilization aide for limiting the child's unanticipated movements to prevent injury and to enable the dentist to provide the necessary treatment. The child is comfortably placed in the pediatric immobilization aide and placed in a reclined dental chair.
8. **Nitrous Oxide:** Nitrous Oxide/Oxygen inhalation is a safe and effective technique to reduce anxiety, produce analgesia, and enhance communication between the dentist and the patient. This is commonly referred to as "laughing gas." The patient **does not** become unconscious.

Note: If you have questions regarding the methods listed above, please contact a front office or clinical staff member immediately. We want your child's dental experience to be a pleasant one while also ensuring we complete any or all of your child's required dental work with your child's safety and the safety of our clinical staff in mind.

I, (parent or guardian) of \_\_\_\_\_ acknowledge that I have read and understand the "Office Policy Regarding Patient Treatment" on the front side of this form and have reviewed the "Pediatric Dental Patient Guidance Techniques" above give consent for their use. All of my questions have been answered to my satisfaction.

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Signed Parent or Guardian

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Relationship to Patient

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Date