

Dear Parent,

Managing a child's behavior is an important part of a dental visit. Our dental team will use the following techniques to help your child have a positive experience: Tell Show Do, Positive Reinforcement, Distraction and Voice Control. In certain instances, children may be too young to cooperate or may show disruptive behavior that can pose risk to themselves. We may have to use other pediatric behavior management techniques to help your child: **Nitrous Oxide (Laughing Gas) and Oxygen Inhalation and/or Passive Immobilization Device (Papoose Board)**. If we need to use either of the above two measures, then we will ask for your written consent the day of the procedure.

Many parents are concerned about how their child will do for a procedure. Please let our dental team explain what will happen and how to the patient. Our dental team has been trained to explain everything to the patient in a way they can understand and feel comfortable. **We advise you to keep the information you tell your child to a minimum.** Children sense their parents' anxieties, and this can lead them to be anxious and uncooperative. In addition, children often do better without their parents in the room. While this may seem counterintuitive, often times children can listen and cooperate better, as well as form a meaningful patient-doctor bond when they are by themselves. For this reason we will usually ask **parents to wait in the waiting room and let us escort your child back to the treatment room.**

We value trust and communication. If you have any questions or concerns we want to know and address them. Please let the front desk know when you check in. We recognize that with everyone's busy schedules, the caregiver that brought a child may not be the one escorting the child to the treatment visit. We appreciate your efforts to communicate with your household your child's needs in advance of an appointment.

Our practice wants every patient to have the opportunity at a positive experience. We look forward to helping your child protect their oral health and beautiful smile!

CONSENT: I have read the above policies of Childrens Dentistry of West Cobb

Parent's Signature

Date

Patients name: _____