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PEDIATRIC DENTISTRY INFORMED CONSENT for PATIENT MANAGEMENT TECHNIQUES and ACKNOWLEDGEMENT RECEIPT of INFORMATION

State law requires health professional to provide their prospective patients with conformation regarding the treatment or procedures they are contemplating. State law also requires your consent for any specific dental treatment, procedures or techniques, which might be considered to be concern to the patient or parent. Informed consent indicates your child's dental treatment after considering the risks, benefits and alternatives.

Please read this form carefully and ask about anything you so not understand. We will be pleased to explain it to you.

It is our intent that all professional care delivered in our dental operatories shall be of the best possible quality we can provide for each child. Providing high quality care can sometimes be made very difficult or even impossible, because of the lack of cooperation of some child patients. Among the behaviors that can interfere with the proper provision of quality dental care is hyperactivity, resistive movements, refusing to open the mouth or keep it open long enough to perform the necessary dental treatment and even aggressive or physical resistance to treatment, such as kicking, screaming, and grabbing the dentist's hands or the sharp dental instruments.

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 movement. The more frequent used pediatric dentistry behavior management technique is as follows:

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'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 a disruptive child is Gained by changing the tone or increasing the volume Of the dentist's voice. Content of the conversation is Important than the abrupt or sudden nature of command.
4. **Mouth Props:** A rubber or plastic device is placed in The child's mouth to prevent closing when a child Refuses or has difficulty maintaining an open mouth.
5. **Physical restraint by the dentist:** The dentist restrains the child from movement by holding down the child's hands or upper body, stabilizing the child's head between the dentist's arm, body, or positioning the child firmly in the dental chair.
6. **Physical restraint by the assistant:** The assistant restrains the child from movement by holding the child's hands, stabilizing the head, and/or controlling leg movement.
7. **Papoose Boards and Pedi-Wraps:** These are retraining devices for limiting the disruptive child's movement to prevent injury and to enable the dentist to provide the necessary treatment. The child is wrapped in these devices and placed in a reclined dental chair.
8. **Parent Involvement:** We welcome parents to attend while the patient's teeth are examined and cleaned. The parent(s) should use this opportunity to less familiarize and comfort the child with the dentist experience in preparation of future visits. No one (including parents) is allowed to attend while patient receives treatment by the doctor(s). This office stands by this policy, **often** hinder treatment rather than help. If this poses a problem in accepting treatment in our office, we will happily refer you to another pediatric dentist.