New Pediatric Patient Informed Conse

New Pediatric Patient Informed Consent

First Name * | Last Name * | Date

03/29/2023

This form contains information you need to know about your child's health care at OPEN DOOR DENTAL. Please ask questions about any part of this form that is unclear. You will be asked to sign this form, so we know you have read it (or had it read to you) and you agree to allow your child to receive care from us.

Your Child's Dental Treatment:

Your child's dental treatment will depend on their personal healthcare needs. Common treatments that you consent to allow your child to receive include:

- Exam of teeth, gums, mouth, head, and neck
- X-rays
- Photographs
- Impressions (molds) of your child's teeth
- Teeth cleaning
- Sealants
- Tooth repair, such as fillings
- Pain control using injected numbing medicine (The use of needles to deliver numbing medications (local anesthesia) may include pain, swelling, bruising, infection, prolonged numbness, nerve damage, and unexpected allergic reaction that could result in heart attack, stroke, brain damage and/or death.)

If additional treatment is necessary for your child, we will inform you in advance and ask you to consent to recommended procedures.

Pediatric Dentistry Behavior Management Techniques

At Open Door Dental, we focus on your child's overall well-being by delivering the best possible quality care and by relating to them in a way that fosters healthy oral care habits and a positive attitude about going to their dentist throughout their life. We encourage the cooperation of our patients by using warmth, friendliness, persuasion, humor, charm, gentleness, kindness, and understanding.

We also may use other Pediatric Dentistry Behavior Management Techniques to help children cooperate, stop disruptive behavior, or prevent injury due to uncontrollable movements. We do not use these techniques as a form of punishment. These techniques are standard care in pediatric dentistry and are used only when and, if necessary, to complete a dental procedure safely.

Some of the behavior management techniques we may use are:

- Tell-Show-Do: We explain to your child what is to be done using and repeating simple language and showing your child what is to be done by demonstrating with instruments on a model or the child's or provider's finger. Then we perform the procedure in your child's mouth as described.
- Positive Reinforcement: We may reward the child who displays cooperative behavior and follows provider instructions. Rewards include compliments, praise, a pat on the back, or a prize.
- Voice Control: We may change their voice's volume, tone, or pace to influence and direct your child's behavior.
- Mouth Props/Rubber Dams: We may use a mouth prop or "tooth pillow" to hold your child's mouth open during a filling procedure. This allows your child to relax and not worry or strain to keep their mouth open for the procedure. A rubber dam is a "raincoat" placed on the area of the mouth to be worked on. This isolates the teeth and prevents debris from being swallowed or going to the back of the throat.
- Active stabilization: Your provider or a dental assistant limits your child's movement by gently holding down their hands or shoulders, stabilizing the head, or controlling leg movements. We may also ask you to have your child still.

In some cases, we may recommend the Use of Protective Stabilization. Suppose we believe this behavior management technique is best for your child's safety. In that case, we will tell you in advance, explain what it involves, and ask you to sign an informed consent for using Protective Stabilization.

Pediatric Patients who may be Pregnant:

If your minor child is pregnant or may be pregnant, you have a responsibility to tell her provider and any clinical staff involved in her dental treatment or x-ray procedures. If she becomes pregnant at any time during treatment at the school, you must inform her provider before continuing to receive care.

Authorized Caregivers and Court-appointed Guardians

Parents, as the natural guardians of their children, may make healthcare decisions for their children under the age of 18, including providing informed consent to receive treatment. If parents are not married, either parent may consent—custodial or non-custodial—unless otherwise stipulated by a valid court document.

- If you, the parent, are under 18, we recognize your right to make decisions on behalf of your child.
- If you are a Court-appointed Legal Guardian, we require a copy of an official guardianship letter.
- If you are a caregiver (a relative or family friend) who has permission from a child's parent to make healthcare decisions for the child, we require a notarized

Caregiver Authorization Affidavit to be on file before accepting the child as a patient. We recognize that the parent, legal guardian, or legal custodian who signed the authorization still retains decision-making rights. In the event of conflicting decisions between the authorizing party and the caregiver, the authorizing party's decision supersedes that of the caregiver.

PATIENT ACKNOWLEDGEMENT STATEMENTS AND CONSENT TO TREATMENT:

I answered all questions about my past and current health, including any recent changes and all medications, drugs, and supplements that I take or have taken, whether a doctor asked me to take them. I understand that photographs, videos, or other images of me may be used to record the progress of my treatment and for educational purposes within the school. These images may become a part of my health record and be used or shared with others for treatment, payment, and operations purposes.

If my primary provider is a student or resident, qualified members of the Open Door Dental faculty licensed dentists or doctors will supervise and, if necessary, assist in my treatment.

Sometimes patients need treatment that was not expected at the start of an appointment or as included in their treatment plan. Situations can come up that cause plans to change. I understand that my provider may decide not to go ahead with a planned procedure or may have to perform more or different procedures. If this happens to me, my provider will explain why I need something more or different, how it will help me, whether and how it might harm me, and how much it costs. My Open Door Dental team will give me the treatment I need for a successful outcome. If possible, my provider will explain this to me before doing anything; if not, soon after. If my provider is a student, a faculty member will review and approve any treatment changes.

Dentistry and Medicine are not exact sciences. We expect good results; however, there is no guarantee of the success of treatments or that I will be satisfied with the results. My provider and treatment team will do their best to satisfy me. I understand that my treatment could fail, or my condition could worsen.

I UNDERSTAND THE ACTIONS I MUST TAKE BEFORE AND AFTER TREATMENT TO SUPPORT A GOOD OUTCOME AND ACKNOWLEDGE THAT I RECEIVED INSTRUCTIONS. My provider told me what to do and what not to do after treatment. I understand that if I follow the directions, I will heal better and faster than if I do not.

I CONSENT TO THE TREATMENT RECOMMENDED BY MY PROVIDER. I understand the information my provider shared with me. I read this form, or had it read to me, and I know the risks and possible problems that may happen during or after treatment. My provider and others offered treatment options and gave me information in plain language that I understood, including the information in this form. I voluntarily chose the treatment that seemed the best for me. I asked my provider about my treatment, possible risks, and other options. My questions have been answered

Please sign this form electronically during your Open Door Dental appointment to agree to receive treatment.

IMPORTANT: If the patient is under 18 years of age or unable to consent, a parent or authorized personal representative must sign this form.

☐ I REFUSE THE TREATMENT RECOMMENDED BY MY PROVIDER. I acknowledge that I fully understand this form and the treatment that my provider has recommended to me, and the consequences of my refusal to move forward with treatment. I have been provided with enough information, in plain language that I can understand, to make a well-informed decision about refusing the recommended treatment. The risks and complications to my oral and overall health if I refuse the recommended treatment have been explained. I understand that my current condition may remain unchanged or worsen.