



Patient: \_\_\_\_\_ Account #: \_\_\_\_\_

### **Pediatric Restorative Guidelines/Policies**

Your child has been diagnosed with needed restorative work. Please read the following office policies regarding treatment for children in our office. Our goal is to give your child a safe positive dental experience at Drake Dental!

For your comfort one parent or guardian is welcome but not required to accompany your child to the operatory. We do encourage self-independence to help promote the growth and development of your child. For the safety and privacy of the other patients *all others*, including siblings/children that are not scheduled at this appointment, are asked to remain in the patient lobby. Young children (under the age of 8) in the lobby will need a supervisory adult.

We find that there are times when a child's dental experience can be enhanced when a parent is absent from the treatment area, especially as the child grows older. We may ask a parent to wait in our patient lobby so your child can communicate more directly with our dentist and build a relationship of trust.

Your child must be able to sit in the chair by themselves for restorative procedures. They **may not** lie on your lap as this is dangerous. If they are unable to sit alone in the chair, we will need to refer your child to a pediatric specialist for restorative work only. All preventative appointments will continue at Drake Dental.

We ask that if you come back with your child, you serve as a silent observer in the operatory so trust can develop between your child and the dentist. It is best if your child is listening to one person giving instructions/directions (the doctor). It is very confusing if multiple people in the room are telling them to open, turn, etc. If you are telling them to do something and the doctor has a sharp instrument in their hand, your child could be injured.

Parents are asked to refrain from using scary words like "needle/shot, drill, pull/yank a tooth." Instead, our staff will use funny, non-threatening words to describe the treatment like "Giggle gas, sleepy drops, Mr. Whistle, Mr. Bumpy, sugar bugs" and more.

We look forward to working together to provide optimum dental health for your child.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

### **Consent for Pediatric Treatment**

I hereby give permission for Drake Dental to complete the following procedures without the presence of a parent or legal guardian.

Cleaning  Xrays  Fluoride  Sealants  Restorative  Local Anesthesia  Nitrous Oxide

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**