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Pediatric Dentistry and
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Pediatric Dentistry Consent

For Dental Examination, Cleaning, Radiographs, Fluoride Treatment, Patient Management Techniques, Restorative Dentistry, and Acknowledgment of Receipt of Information

We recognize the exceptional privilege that we enjoy as specialists in pediatric dentistry. Children are truly delightful and we have a real enjoyment of them in our practice.

Your child's welfare and safety are of utmost importance to us. State Law requires health professionals to provide their prospective patients with information regarding the treatment or procedures they are contemplating. Please read this form carefully and ask about anything you do not understand. We will be pleased to explain it.

It is our intent that all professional care delivered in our dental office 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. All efforts will be made to obtain the cooperation of child dental patients by the use of **warmth, friendliness, persuasion, humor, charm, gentleness, kindness and understanding.**

There are several behavior management techniques that are occasionally used by pediatric dentists to gain and encourage the cooperation of child patients and prevent patients from causing injury to themselves due to potentially harmful movements. The more frequently used pediatric dentistry behavior management techniques are as follows:

- 1. Tell-show-do:** The dentist or assistant explains to the child what is to be done in simple terms and by repetition and then shows the child that is to be done by demonstrating with instruments on a model or the child's 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:** We always use this technique which rewards the child who displays any positive behavior. Rewards include compliments, praise, a pat on the back, a hug or a prize.
- 3. Voice control:** The attention of the child is gained by changing the tone or volume of the dentist's voice (caring, warm, but firm).
- 4. Stabilization:** The assistant will always comfort our patient by holding their hands. The dentist or the assistant may need to gently stabilize the child's head and/or control leg movement to prevent any sudden movement.
- 5. Sedation:** Sometimes drugs are used to relax a child who needs it. These drugs may be administered orally. The child does not become unconscious. You will be further informed and your specific consent obtained if we feel there is a need for sedation. If you have reason to believe sedation will be necessary, please let us know.
- 6. General anesthesia:** The dentist performs the dental treatment with the child anesthetized in the hospital operating room. You will be further informed and your specific consent will be sought if we feel there is a need for general anesthesia.

Meera Gokli, DDS
Pediatric Dentist
Diplomate American
Academy of Pediatric Dentistry

Steven Lubbe, DMD
Pediatric Dentist

David Keeton, DMD
Pediatric Dentist
Diplomate American
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April Bridges-Poquis, DDS
Orthodontist

Chad Schanilec, DDS
Orthodontist

1. I hereby authorize Dr. Gokli, Dr. Keeton and/or Dr. Lubbe, assisted by their dental auxiliaries, to perform upon my child (or legal ward) a dental examination, cleaning, application of topical fluoride, any necessary radiographs (x-rays or diagnostic aids, and any dental work, and to utilize the behavior management techniques listed on the preceding form, in order to assist in the provision of the necessary dental treatment for my child (or legal ward).
2. Although the occurrence is extremely remote, some risks could be associated with any dental procedure. For example bleeding, discoloration, nausea, vomiting and allergic reactions associated with such procedures.

I hereby state that I have read and understand this consent, and that all questions about the procedures described have been answered in satisfactory manner.

Date: _____ **Time:** _____ **AM/PM** **File Number** _____

Patient's Name: _____

Signature of Parent or Guardian: _____

Relationship to Patient: _____ **Witness:** _____

