

**PEDIATRIC DENTISTRY**  
**DISCUSSION and INFORMED CONSENT**  
**FOR**  
**THE DENTIST'S HOUSE** OF EDINA  
*"a comfortable approach to dentistry"*

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent (or Legal Guardian's) name: \_\_\_\_\_

To accomplish the highest quality patient care, the following guidelines will be utilized by the dentist to assure that your child receives the best dental care in the safest manner possible. You are welcome in the treatment room but if asked to leave to create a better atmosphere of cooperation, we ask you to dismiss yourself or please feel comfortable in stopping the appointment.

I, \_\_\_\_\_, hereby authorize Michael J. Zingale, DDS or Janet A. Zingale, DDS and staff to perform the following dental procedures:

- Local Anesthetic       Fillings       Silver Crowns       Pulp Treatments       Extractions  
 Space Maintainers       Appliances to correct bite problems       Nitrous Oxide

Each child is encouraged to learn to behave in a manner proper for their age. Negative (resistant) behavior will be handled using any one or a combination of the following child management techniques recommended by the American Academy of Pediatric Dentistry:

1. Verbal correction
2. Restraint by parent, dentist or staff member (to prevent movement that may endanger child during treatment).
3. Hand-over-mouth simple restraint (last resort to restrain out of control "screaming")

The above listed techniques will be used at the discretion of the parent, dentist or staff. If you have any questions or objections, it is important that you make this known to the dentist prior to beginning of any treatment.

I understand this treatment can also be performed by a Pediatric Dentist (a child specialist). However, I elect Janet A. Zingale, DDS or Michael J. Zingale, DDS to perform this procedure. I understand that if any unexpected difficulties occur during treatment, I may be referred to a Pediatric Dentist to complete care or for further care. I have read and understand the above techniques and treatment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient or Guardian

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Treating Dentist

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Dental Staff

# ***A MESSAGE TO PARENTS ABOUT YOUR CHILD'S DENTAL VISITS***

## **The Dentist's House** *of Edna, Inc.*

*“a comfortable approach to dentistry”*

*Janet A. Zingale, DDS and Michael J. Zingale, DDS*

*We are pleased to have your child as a patient in our care. We sincerely desire to make your child's dental visits as pleasant as possible. To help you and your child become acquainted with our Pediatric Dental Service, the following suggestions are offered:*

*1. If a child's mouth is to develop and grow properly, the primary (baby) teeth must be healthy. Please realize that radiographs will enable us to thoroughly examine, diagnose and recommend proper treatment for your child. Be assured that only those radiographs which are necessary will be asked to be taken.*

*2. Please try not to be upset if your child cries, as crying is a normal reaction to fear during or before the dental visit.. Children are usually afraid of anything new or strange, or of something they do not understand. Our office has an abundance of kindness and smiles which are the greatest contributors to overcoming fear.*

*3. In discussing dentistry with your child, please do not use words which may have an unpleasant meaning such as "needle, hurt, shot or drill". Every possible effort will be made to make your child's dental treatment as pleasant as possible.*

*4. The majority of children can be reasoned with and dental treatment can be performed quite satisfactorily. Some children, due to many factors, require utilization of special techniques in order to complete their dental treatment. The techniques are noted in the consent form. Should you have any questions, please ask for clarification.*

*5. On your child's first visit and subsequent visits thereafter, you will always be invited to stay with your child in the dental operator.*

*6. At the exam and evaluation appointment, we will discuss the dental findings and suggested treatment.*

*We will make every effort to make your child's visits with us a pleasant experience. We are dedicated to the highest standards of pediatric dentistry and will treat your child like we would our own.*

**HAVE A GREAT DAY!**