



Brice & Associates
Pediatric Dental
Specialists

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CONSENT FOR USE

This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the dental procedure.

I, _____, as a legally responsible person
(as the legally responsible parent/guardian of _____)
give my consent to the use of local anesthetics and sedative drugs as deemed appropriate in performing dental treatment as indicated on my (my child's) examination chart and as previously explained to me and any other procedure deemed necessary with the exception of:

I have been informed and understand that occasionally there are complications resulting from the sedative drugs, including but not limited to nausea, vomiting and severe allergic reactions.

Dr. Brice, Dr. McMurphy or a member of the staff has discussed with me, to my satisfaction, these complications and the related risks. I understand the pre-operative and post-operative instructions. The treatment and sedation procedures have been explained to me, to my satisfaction, along with possible alternative methods and their advantages and disadvantages. I also understand that I (my child) am (is) not to have any food or liquids for six (6) hours prior to sedation procedures.

I have read this consent and understand, to my satisfaction, the procedures to be performed and the risks involved.

Legally responsible person (parent/guardian): _____

Date: _____

Witness: _____

CONSENT FORM

The purpose of this information is to inform you in advance of the techniques we use to care for children in our office and to acquire your consent for those techniques. Providing dental care for children and the handicapped is very challenging. Many of our patients, due to their age, fears or handicaps, may be resistant to the dental care we know to be necessary and seek to provide. Through resistant behaviors such as grabbing the dentist's hands or sharp dental instruments, sudden movements, kicking, biting, yelling, etc., children can compromise the quality of their dental treatment or even bring injury to themselves.

In order to prevent such undesirable consequences, we must manage the child's behavior throughout the appointment. We must devote our undivided attention to the child and have the child devote his undivided attention to us. For this reason we have children receive dental care on their own apart from their parents with the exception of today's examination visit. Our experience with children has been that they are much easier to manage this way when they are not confused by the directions of both dentist and parent, or tempted to misbehave to gain their parent's attention.

Below is a list of the behavior management and pain control techniques that we most frequently use to insure the safety and comfort of the children we treat. Since we will be unable to leave your child to discuss these techniques with you after treatment has begun, we encourage you to ask about anything you do not understand. We will be happy to answer your questions. Please know that all reasonable efforts will be made to obtain the cooperation of your child through the use of humor, kindness, gentleness, friendliness, understanding and persuasion.

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 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:** This technique rewards the child who displays any behavior which is desirable. Rewards include compliments, praise, a pat on the back 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 less important than the disrupt or sudden change in the dentist's voice.

4. **Mouth props:** A rubber or plastic-coated device is placed in the child's mouth to prevent closing when a child has difficulty maintaining an open mouth.

5. **Hand-over-mouth-exercise:** The disruptive child is told that a hand will be placed over his mouth. When the hand is in place, the dentist tells the child that if the disruptive behavior stops, the hand will be removed. When the disruptive behavior stops, the hand is removed and the child is praised for cooperating. If the disruptive behavior resumes,

the hand is again placed on the mouth and the exercise repeated.

6. **Physical restraint:** The goal of this technique is to prevent movements which could compromise treatment or result in injury to the child. The dentist and/or his assistants stop such movements as soon as they begin by physically stabilizing that part of the child's body involved in the movement. This may involve holding the child's hands, legs, head, etc., until the movements cease permitting treatment to be safely resumed.

7. **Papoose Boards and Pedi-Wraps:** These are restraining devices for limiting the disruptive child's movements to prevent injury and to enable the dentist to provide the necessary treatment. These devices are placed on the dental chair and the child is wrapped in them.

8. **Nitrous oxide (laughing gas):** A rubber nosepiece is placed on the child's nose which delivers a combination of nitrous oxide and oxygen. The child breathes normally and remains conscious throughout the procedure. The purpose of this technique is to decrease anxiety and relax the child.

9. **Local anesthesia:** Local anesthetics are drugs which are injected into the oral tissues to achieve a state of temporary numbness in order to provide dental treatment to the child in a comfortable manner. Novocaine and xylocaine are examples.

I hereby authorize and direct Dr. Brice or Dr. McMurphy assisted by dental auxiliaries of his choice, to utilize any or all of the techniques described above to assist in the provision of the necessary dental treatment for _____, my child (or legal ward); with the exception of: (If no exception, please write "none") _____.

I hereby acknowledge that I have read and understand this consent, and that all questions about the techniques described have been answered in a satisfactory manner, and I further understand that I have the right to be provided with answers to questions which may arise during the course of my child's treatment.

I further understand that this consent shall remain in effect until terminated by me.

Signature of Parent or Guardian: _____ Date: _____ Time: _____ am/pm

Relationship to Patient: _____ Witness: _____

I certify that I have encouraged questions and provided answers to any and all questions pertaining to the techniques described above.

(Signature of Dentist)