

Bunker Hill Pediatric Dentistry, PLLC

General Informed Consent

Bunker Hill Pediatric Dentistry's goal is to provide complete oral health and create a comfortable environment for our young patients. We are committed to providing a safe and pleasant dental experience.

Our policy is to inform the parent/guardian before we perform any procedures and obtain verbal and written consent. The initial visit includes: a comprehensive clinical examination, diagnostic x-rays, a thorough dental cleaning, and preventive fluoride treatment.

If further dental treatment is needed, we put together a complete dental treatment plan with the recommended procedures and alternatives. Treatment procedures may include, but are not limited to: local anesthesia, controlled nitrous oxide-oxygen sedation ("laughing gas"), dental restorations, nerve treatment, crowns, extractions, and space maintainers. Dr. Luu will inform you of all treatment options, the risks and benefits of each, and the recommended treatment of choice for your child.

Pediatric dentistry differs from general dentistry in that with treating children, behavior dictates treatment. To obtain your child's cooperative, we practice a few behavior management techniques such as: the "tell-show-do" method, modeling, distraction, positive and negative reinforcement, passive stabilization, and voice control. Pharmacologic behavior management is also offered if these methods are unsuccessful. If your child requires operative treatment/dental restorations, there exist some associated risks. These occur very rarely and include, but not limited to: numbness, sore gums, pain, infection, swelling, bleeding, bruising, discoloration, nausea, vomiting, allergic reactions, and aspiration or swallowing of a foreign object.

It is imperative that your child arrives promptly for all pre-scheduled appointments. We have reserved a time that has been dedicated for your child. If you are unable to arrive on time or if you need to reschedule an appointment, please contact us as early as possible.

If you have any questions regarding the information presented here, or any other aspect of our dental philosophy or patient management, please do not hesitate to ask us.

The signature of a parent or a guardian affixed below authorizes the completion of all agreed upon dental procedures and the use of agreed upon methods. This consent shall remain in full force until cancelled by either party. Thank you in advance for your cooperation.

- I give my consent to any advisable and necessary dental procedures, medications, or anesthetics to be administered by Dr. Luu or her supervised staff for diagnostic purposes and dental treatment of my child in my absence.
- I acknowledge that I have been given and offered a copy of the "Notice of Privacy Practices." I have read it and understand it, and all my questions have been answered.

Printed Patient's Name

Patient's Age

Witness' Signature

Today's Date

Your Signature

Your Printed Name

Your Relationship to Patient