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BEHAVIOR MANAGEMENT CONSENT

The dental office presents a child with new and unfamiliar experiences which may cause them to be nervous or cry. Efforts will be made to gain the confidence and cooperation of your child by warmth, humor, and friendly persuasion.

Quality care can be made very difficult or even impossible, by the lack of cooperation. Behaviors that can interfere with proper dental treatment are hyperactivity, resistive movements, refusing to open the mouth or keep it open and even aggressive or physical resistance to treatment such as screaming, hitting, kicking and grabbing the dentist's hands or grabbing our sharp dental instruments.

There are several behavior management techniques that are used in our office to help children get the quality dental care they need.

_____ TELL-SHOW-DO is the use of simple explanations and demonstrations, geared to the child's level of maturity.

_____ POSITIVE REINFORCEMENT is rewarding the helpful child with compliments, praise, a hug or a prize.

_____ VOICE CONTROL is getting the attention of a child by using firm commands and varying tones of voice.

_____ PHYSICAL RESTRAINT BY THE PARENT and DENTAL TEAM: With an active child, it is sometimes necessary for the dental assistant and parent to restrain the child's movement by holding the head, arms, hands or legs. The dentist may restrain the child's head by stabilizing it between arm and body.

_____ MOUTH PROP: A rubber or plastic mouth prop is placed in the child's mouth to prevent closing when the child refuses to open or has trouble keeping the mouth open.

_____ LAUGHING GAS: The use of laughing gas (nitrous oxide) is another method to provide dental treatment to mildly frightened, but helpful children. Laughing gas calms children, but does not put them to sleep or numb their teeth. It has few side effects and lasts only as long as the gas is being given through a nose mask. On rare occasions, the gas can cause an upset stomach and vomiting.

Sometimes when treatment cannot be completed using the above techniques, treatment with sedation or in a hospital may be needed. This is covered in a separate consent form.

I have read and understand this information on behavior management. I authorize the doctors and staff working at Britto's Children's Dentistry to use the above techniques. If any treatment other than the above is needed, it will be discussed with me before beginning such treatment. I understand that I may refuse any or all of the above treatments or procedures. I can do this by drawing a line through the objectionable part and initialing next to it.

This consent will remain effective unless withdrawn in writing by the person who has signed on Behalf of this minor patient.

CHILDS NAME: _____

PARENT/GUARDIANS NAME: _____ SIGN: _____

STAFF SIGNATURE: _____

DATE: _____

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