



Michael A. Shannon, D.D.S., M.S., Inc.
Pediatric Dentistry
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INFORMED CONSENT FOR TREATMENT

Our pediatric dental office philosophy is based on our commitment to preventive dentistry and to creating a supportive and nurturing environment for the children and young adults under our dental care. In particular, we are dedicated to providing a safe, comfortable, and quality dental treatment for all of our patients. Our most important general office policy is to “inform before we perform”.

I hereby authorize Dr. Michael Shannon and his staff to perform a clinical examination, take selected diagnostic x-rays, perform a thorough professional cleaning and fluoride treatment. Further, I grant permission for any necessary impressions, study models, photographs or any other diagnostic aids deemed appropriate to make a thorough diagnosis of my child’s dental needs. I also authorize Dr. Shannon to perform all recommended and mutually agreed upon treatment, and to use the appropriate medication and therapy in connection with such treatment. These additional procedures may include, but are not limited to, the following: local anesthesia, nitrous oxide-oxygen sedation (“laughing gas”), and dental restorations. A comfortable mouth prop (“tooth pillow”) may be used.

Informed consent indicates your awareness of, and agreement to, the various procedures performed at Michael Shannon Pediatric Dentistry. You understand that you have the right to ask any questions and we have the obligation to provide you with appropriate answers. It is our intent to provide the best possible dentistry for your child. We will always use warmth, friendliness, persuasion, humor and kindness. There are several other common behavior management techniques that are used by the dentist to protect the safety of your child, to eliminate disruptive behavior and to prevent the child from causing injury to themselves or others due to uncontrolled movements. The following are the techniques commonly used in our practice to soothe and calm an uncooperative patient:

Tell-Show-Do: The dentist and assistant explain to the child what will be done. We use simple terminology and repetition followed by a demonstration with instruments of what is to be done. The procedure will then be attempted on the child’s mouth. Praise is used to reinforce cooperative behaviors.

Positive Reinforcement: These are techniques we use to reward the child for displaying desirable and cooperative behavior. Rewards may include praise, compliments, high-fives, prizes, or stickers.

I hereby acknowledge that I have read and that I understand the consent form. I hereby give authorization and consent to utilize the above techniques listed in conjunction with the treatment listed on my child’s treatment plan.

Patient’s Name / Responsible Party Name

Relationship to Patient

Responsible Party Signature

Date

Patient Acknowledgement of Receipt of Dental Materials Fact Sheet (DMFS)

Responsible Party Signature

Date