

Welcome to our practice! We are excited you have chosen our team of professionals to create positive smiles for your child(ren). To better serve you, we have prepared our office policies so that you may have an understanding of how our practice functions. If you have any questions, please feel free to ask.

PATIENTS

- ◆ We are **PEDIATRIC DENTAL SPECIALISTS!** That means we specialize in dental treatment for children. From the appearance of an infant's very first tooth until that same child graduates from high school, we want to be personally involved in maintaining a dazzling smile! Most children should be seen for the first time when the first tooth erupts or by one year of age, however we are happy to see infants and children of all ages. Our professional staff is skilled in making sure each child has a positive dental experience in our office!

APPOINTMENTS

- ◆ Dental decay is the number one disease among children. Many children in the Texoma area suffer from tooth decay. As a result, we have a long list of children who are waiting to be seen for an initial appointment. We have specifically scheduled an appointment for your child. We ask that you please be on time (preferably early!) for your appointment as we try to see each patient within 10 minutes of his/her appointment time. Because the appointment time has been specifically created for your child, we reserve the right to reschedule your child's appointment to another time if you are 15 minutes or more late (in consideration for our other patient families).
- ◆ It is the policy of this practice to exclusively treat children and the special needs patient. Children tend to react to the fears and concerns of their parents, and it is our experience that they are more responsive and cooperative to treatment if parents are not present during treatment. Because dental treatment is a surgical procedure, we want 100% of our attention to be on your child and your child's care. Therefore, we respectfully require that you remain in the waiting room while your child is being treated. **Parents should NOT LEAVE the waiting room area during the child's treatment.** This will enable us to have immediate access to you should we need additional information regarding your child. Once your child's treatment is complete, the dentist, hygienist, and/or assistant will speak with you to outline the treatment performed and necessary follow-up, if any. During the appointment, your child will be supervised at all times by a member of our staff. They will be encouraged to play at the Lego table, read a book, play with puzzles and games, play video games or watch TV. We want their time in our office to be remembered as a **FUN** time!
- ◆ We understand that there will be times when you will not be able to keep the appointment time that has been reserved specifically for your child. As a courtesy to the other children needing dental attention, **we request that you notify our office at least 24 hours in advance if you will be unable to keep your scheduled appointment time.** Appointments cancelled with less than 24 hours notice will be considered a broken appointment. For your convenience, an answering machine is maintained to allow you to leave a message after our regular office hours. Please feel free to call our office anytime, 24 hours a day! Please note that we reserve the right to dismiss your child from our practice for continued failure to keep scheduled appointments.

MEDICAID RECIPIENTS

- ◆ Dentaquest and MCNA policy requires that the dental provider your child will be seeing, be listed as their main dental provider through Medicaid. If our doctor is **NOT** listed as your child's current dentist, and you are unable to have this changed in adequate time prior to your child's dental appointment, it may be necessary for your child's appointment to be rescheduled.

PERMISSION FOR TREATMENT

- ◆ We request that parent/legal guardian bring the patient to his/her first visit so they can complete and sign the necessary forms and allow us to more specifically describe your child(ren)'s treatment needs or answer any specific questions you may have. A consent form will be required prior to any treatment. **In order to accommodate our patient families' busy schedules, you may assign others to authorize decisions about your child(ren)'s treatment. Please make sure you sign the Authorization for Treatment of a Minor form so that others you have specifically designated may make decisions about your child(ren)'s treatment.**
- ◆ Please note that only those people authorized on the form can make decisions regarding your child(ren).

I acknowledge that I have read and accept the above office policies of Pediatric Dental Specialists, P. A.

Parent/Legal Guardian Signature _____ Date _____