

Newberg Kids' Dentist Introduction

THANK YOU for choosing our practice for your child's dental care. As an office specializing in dental care for children, we offer a child-friendly atmosphere as well as child-appropriate treatment options when it is necessary. We believe in treating your children conservatively, fast, easy, and fun!

You will notice we do some things differently for children than adults, as they have different needs – both physically and emotionally. Part of what makes a pediatric dentistry a specialty is being able to tailor treatment needs to the child's state of development, both physically and emotionally.

First Visit

We recommend children are seen **by their first birthday**. Starting early helps prevent the dental fears that many adults have and helps us diagnose problems when they are easier to take care of.

We encourage the parent/caregiver to accompany the child for the exam. This allows for several benefits:

1. We are excited about taking care of kids and want to share that enthusiasm with you.
2. We want to involve you with what we find, rather than have you take our word for it.
3. A lot of education is provided at the exam. If you are not present, much of the education gets missed.
4. With the knowledge parents receive from being present for the exam, parents can participate more in their child's oral health at home.

Infants and Toddlers: Until two or three years old, the exam is usually done with the child on the parent's lap. It is normal to be shy and sometimes to cry even for simple examinations. This is normal behavior and in no way does it upset us, and you should not be embarrassed nor should you feel obligated to quiet the child (if they are crying, their mouth is open). We are a pediatric practice and we expect some noise from the young children, and hope that you will have patience when there are other children still getting comfortable with dental visits.

Preschool age and above: We use a technique called Tell-Show-Do. You will recognize this as we first talk about things in a child-friendly way. Then, when appropriate, we show them what we are going to do. Lastly, we move slowly in baby steps when we do any procedure. This prevents any big surprises that may frighten the child. Using this approach helps children be more comfortable and develops trust between the staff and your child.

Child-friendly Vocabulary

As a pediatric practice, we use child-friendly words to describe what we do. For example, we do not use four-letter words (such as hurt, pain, pull, and shot). Please support us in making this experience fun by not going into detail with young children and allowing us to explain in ways that keep anxiety to a minimum. Examples of terminology we use:

<u>Don't Use:</u>	Shot	<u>Do Use:</u>	Squirt the Sleepy Juice
	Drill		Tickle the sugar bugs
	Pull the tooth		Do a Tooth Dance, or Wiggle the tooth
	Hurt		Feels weird/different

Cleanings

Parents and caregivers are often surprised by how fast a cleaning can be on children. Adult cleanings include removing mineral build-up between teeth and below the gum line. Children are not at risk of this same buildup until the pre-teen and teenage years. There are also not as many teeth to clean.

Appointment Length

Children have shorter attention spans so we work as quickly as we can to keep children happy and content.

THANK YOU for choosing Newberg Kids' Dentist. We look forward to working with you to maintain and improve the health of your child.

I have received and read the Newberg Kids' Dentist Introduction.

Signature _____ Relationship to Patient _____

Date _____

HEALTH HISTORY

PATIENT NAME:

DATE OF BIRTH:

PRIMARY CARE PHYSICIAN (NAME AND NUMBER):

HEART	Heart Murmur <input type="checkbox"/> Mitral Valve Prolapse <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Congenital <input type="checkbox"/> Heart Defect <input type="checkbox"/>
	Low/High Blood Pressure <input type="checkbox"/> Heart <input type="checkbox"/> Surgery <input type="checkbox"/> Other <input type="checkbox"/>
	Please Explain:

Kidney	Bladder <input type="checkbox"/> Urinary Problems <input type="checkbox"/>
	Please Explain:

Liver/GI	Stomach/Intestine <input type="checkbox"/> Ulcers <input type="checkbox"/> Gastritis <input type="checkbox"/> Colitis <input type="checkbox"/>
	Diarrhea <input type="checkbox"/> Jaundice <input type="checkbox"/> Hepatitis <input type="checkbox"/>
	Liver <input type="checkbox"/> Disease <input type="checkbox"/> Reflux (GERD) <input type="checkbox"/>
Please Explain:	

Endocrine	Diabetes <input type="checkbox"/> Type: _____ Thyroid Disease <input type="checkbox"/> Other <input type="checkbox"/>
	Please Explain:

Hematologic	Blood Transfusion <input type="checkbox"/> Date(s) _____ Anemia <input type="checkbox"/> Hemophilia <input type="checkbox"/> Leukemia <input type="checkbox"/>
	Sickle Cell Disease <input type="checkbox"/> Prolonged Bleeding <input type="checkbox"/> Other <input type="checkbox"/>

Lung/Breathing	Hay Fever <input type="checkbox"/> Sinus Trouble <input type="checkbox"/> Allergies/Hives <input type="checkbox"/> Asthma <input type="checkbox"/> Chronic Cough <input type="checkbox"/> Emphysema <input type="checkbox"/>
	Tuberculosis <input type="checkbox"/> Other <input type="checkbox"/>
	Please Explain:

Neurological	Nervous Disorder <input type="checkbox"/> Mental Disorder <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Seizures/Epilepsy <input type="checkbox"/> Fainting <input type="checkbox"/>
	Autism <input type="checkbox"/> ADHD <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Brain Injury <input type="checkbox"/> Headaches <input type="checkbox"/> Speech Disorder <input type="checkbox"/>
	Please Explain:

Hearing/Eye	Vision Problems <input type="checkbox"/> Glaucoma <input type="checkbox"/> Eye Pain <input type="checkbox"/> Earache <input type="checkbox"/> Hearing Loss <input type="checkbox"/>
	Please Explain:

Dermal/Musculoskeletal	Rashes <input type="checkbox"/> Latex Allergy <input type="checkbox"/> Arthritis <input type="checkbox"/> Fever <input type="checkbox"/> Blisters/Cold <input type="checkbox"/> Sores <input type="checkbox"/> Ulcers <input type="checkbox"/> Other <input type="checkbox"/>
	Please Explain:

Does your child have any disease, condition, or other health problems not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Medications (Names and Dosages)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has your child been hospitalized since birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your child use tobacco?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your child have AIDS or have they been tested HIV positive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your child have any allergies to food or medications? If yes, please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is your child adopted? If yes, do they know?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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Female patients only: any possibility of pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Dental History

Does your child currently have any cavities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has your child had dental work completed in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have there been any injuries to teeth, such as falls, blows, or chips? When?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has your child had any difficult dental experiences in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your child think there is anything wrong with their teeth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please explain:

Is there any additional information that we should know?

PARENT/GUARDIAN SIGNATURE:

DATE:

Health Information

Notice of Privacy Practices

I acknowledge that I have been provided with a copy of Newberg Kids' Dentist's Notice of Privacy Practices, which outlines how my child's health information may be used and disclosed.

Signature Relationship to patient Date

Research Participation

From time to time, we participate in research studies that look at past data on record. This helps dentistry continue to make improvements in patient care. This form grants permission to use your, and/or your child's private health and dental information maintained by Newberg Kids' Dentist in research studies. Use of information for research purposes is in addition to the uses described in the Notice of Privacy Practices.

1. **Consent for Chart Review:** I permit Dr. Newport and collaborating educational research teams to review mine and/or my child's dental record for possible research use in chart review studies. This type of research only looks back at existing clinical records, and does not involve any further contact with me. My identity and personal health information will be kept confidential under the terms of the HIPAA Notice of Privacy Practices that was provided to me.
2. **Consent for Photos-External Use:** I consent for any intraoral (Inside the mouth) clinical images and photographs for the purpose of external educational presentations. I understand that information/photography/images will contain no information that would identify the individual and shall be the exclusive property of Dr. Newport free and clear of any claim on my part.

Voluntary Nature of this Consent

Your decision whether or not to consent will not affect your current or future relations with your doctors or staff. If you decide to consent, you are free to withdraw at any time without affecting those relationships. You must provide a written request to withdraw from the consent for the chart review and photos for-external use.

Signature Relationship to patient Date

Good Oral Health Recognition

From time to time, we include photos of patients in our Cavity Free Club on our Facebook page, and in promotional materials. By signing below, you give permission for us to you photos of your child as described to recognize good oral health. You are not required to consent to this use of information.

Signature Relationship to patient Date

FINANCIAL POLICIES AND AGREEMENT

Payment/Insurance Policy

As a courtesy, we file insurance claims for our patients. **All estimated patient portions are due at time of service.** This amount is an estimate of your copayment and we work hard to make this as accurate as possible. **You are responsible for any amount not covered by your insurance.**

Our office accepts cash, check, Visa, MasterCard. We also offer financing through CareCredit and In-House financing.

Missed Appointment Policy

We work diligently to see all our patients in a timely manner. Missed appointments leave us with holes in our schedule that prevents us from providing timely care for the children in our community. Missed appointments hurts everyone. Therefore, we have instituted a “Missed Appointment Policy” which states that **appointments not cancelled within 48 hours minimum advance will be charged a fee of \$50.00.** In the event that you miss 2 appointments, we will release patient from the office and be happy to forward patient history to your dental office of preference.

Missed Oral Sedation and Operative Appointments

Due to the high demand for conscious sedation appointments, we have implemented a “Missed Surgical/Operative Appointment Policy” to encourage patients to keep their appointments. If you cannot attend your scheduled appointment, you **must call** a minimum of 72 hours in advance. If we do not have a 72-hour advance notice of cancellation, you will be charged a **\$200 non-refundable “Missed Surgical/Operative Appointment Fee”**.

I understand that I am responsible for the payment for all the fees for dental treatment that are not covered by the patient’s dental or medical insurance. The parent or guardian who accompanies the patient to the appointment will be responsible for estimated portions at the time of treatment, unless prior arrangements have been made. I agree that should the account be referred for collection, I will be responsible for all collections charges including attorney fees.

Parent/Legal Guardian Signature _____ Date _____

Consent to Treatment

Consent to Examine

It is our policy to keep you informed and involved in your child's dental progress. A typical examination consists of oral hygiene instruction, cleaning of the teeth, application of a topical fluoride, x-rays, and examination of the teeth, hard and soft tissue of the mouth, bite, and jaw. Except in an emergent situation or if existing disease is located, no further treatment will be performed during an examination. However, after the examination, we will create a treatment plan that may include fillings, caps, extractions, etc., and will seek your consent prior to performing the identified treatment. Treatment plans may cover multiple visits and once consent is obtained, we will not seek consent again unless the treatment plan changes. By signing below, you give consent for Newberg Kids' Dentist to perform an examination as outlined above. You further certify that you have legal authorization to consent to dental and medical treatment for the patient.

Signature

Relationship to patient

Date

Alternative Consent

We recognize that it is not always feasible for the legal parent or guardian to accompany a child to his or her appointment or be available to provide consent for treatment. In an effort for us to ensure that the child is able to continue care, we would like to know if there are others who are authorized to consent to treatment for your child. By signing below, you give authorization for the person(s) listed to consent to recommended medical/dental treatment including, but not limited to, diagnosis, application of topical treatments (fluoride, sealants) x-rays, anesthesia, and invasive dental procedures. This authorization will remain in effect until you notify us in writing of any changes.

Name

Relationship to Patient

Phone Number

Signature

Relationship to patient

Date