

**Elaine S. Martinez, DMD, PA  
DENTISTRY 4 CHILDREN  
904-215-4221 at Fleming Island  
904-404-4444 at OakLeaf**

**General Consent for Pediatric Dental Treatment**

**PATIENT NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

Our office specializes in the dental health of children. We concentrate on prevention of oral disease before it occurs as well as attempting to eliminate the fear and pain often associated with dental visits.

**Appointments are scheduled according to the patient's age.** Children 6 years and younger are scheduled in the morning hours only, as they tend to do better when well rested. We ask your full cooperation with this policy.

**We ask all patients to accompany the assistant to the treatment area by themselves.** We are highly experienced in helping children overcome fear and anxiety. We find most patients are more cooperative when the parent is not present. We will be happy to give you progress reports during the procedure and will invite you back for the examination. Please, **no siblings** in the treatment area when the doctor is discussing your child's dental health.

Pain and fear are two common feelings associated with dental visits. We attempt to alleviate these feelings by making the child feel comfortable with the office environment designed for them and with the dental team. In most cases, we develop a positive relationship with the child leaving him/her wanting to return for their next visit.

We use several behavior techniques and pain control such as:

- Explaining the procedure to the child in simple terms
- Topical and local anesthetic (Lidocaine, etc.)
- Nitrous Oxide to relax your child (you will be informed before the use)
- Sedation (in extreme cases).

**CELLULAR PHONES MUST BE TURNED OFF WHEN IN THE TREATMENT AREA**

I have read, understand and give my permission to Dr. Elaine Martinez to provide routine dental treatment to my child as she deems necessary and appropriate. **Please present any questions or concerns you may have to the assistant before your child is seated.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**