



TREATMENT GUIDELINES

Dear Parents:

In order to improve the opportunity for your child to have a positive experience in our office, we are selective with our use of words. We try to avoid words that may scare your child due to previous experiences. Please support us by avoiding the use of negative terms that are often used for dental care. These include:

<u>Don't Use</u>	<u>Our Equivalent:</u>
Examination	Count teeth
Suction	Mr. Thirsty, straw
Explorer	Tooth counter
Tooth cleaning	Tickle teeth
Fluoride treatment	Tooth vitamins
Needle/shot	Sleepy juice/medicine
Bite block	Tooth pillow
Drill	Toothbrush/whistle/motorcycle
Cavity/decay	Sugar bugs
Filling	Tooth paint, princess tooth, superhero tooth
Pull or extract tooth	Wiggle a tooth
Nitrous oxide	Sweet air, fruit (i.e. cherry, grape) air

This will help you understand your child's description of the dental experience. Our intention is not to "fool" your child, but it is to create an experience that is pleasant and positive. We appreciate your cooperation in helping us build a good attitude towards dental and oral health for your child.

You may choose whether or not to remain in the waiting room during your child's treatment appointment. Although we sense that some children do better without parents present, we are open to having you with your child. If you choose to be present, we suggest the following guidelines to improve chances of a positive outcome:

- 1) Allow us to prepare your child
- 2) Be supportive of the practice's terminology
- 3) Please be a silent observer - support your child with your presence
 - A) This allows us to maintain communication with your child
 - B) Children will normally listen to their parents instead of us and may not hear our guidance if you are also trying to give instructions
 - C) You might give incorrect or misleading information
- 4) If asked to leave, be ready to immediately walk away
 - A) Many children try to control the situation
 - B) "Acting out" is normal but unacceptable during dental treatment
 - C) We will continue to support your child at all times

These are very important ways that you can actively help in the success of your child's visit. We are confident that all will go well and hope the guidelines will help prepare you with confidence for your child's upcoming dental appointment.

Date: _____

Name: _____

Signature: _____