ToothZone Kids Dental Centre

Dr. Shylon Mathew & Dr. Natalie Mathew-Sanche
Certified Specialists in Pediatric Dentistry

Dear Parent / Guardian,

We are excited and pleased that you are partnering with ToothZone Kids to help your child achieve a lifetime of good oral health!

Please find attached some of the paperwork that we require prior to seeing your child.

1) New Patient Registration Form (please fill out)
2) Medical and Dental History Form (please fill out)
3) Financial Policy (please read and sign)
4) Risk Assessment Form (for patients under 3 years of age)

Please fill out the Patient Registration & Medical and Dental History Forms and sign the Financial Policy and bring these with you to your child's first appointment. By filling these forms out ahead of time, you will speed up the check in process for your child!

Also, please find attached for you to read and review the Appointment Policy and "Children, Pediatric Dentistry & You" (this page provides a summary of some of the techniques we use to provide treatment and care for your child!).

We would like to point out some of our office policies for the first appointment :

1. We require that either a parent or legal guardian must accompany and be present with any child 18 years of age or younger so that we can review the medical history and obtain consent for any treatment.
2. Please bring all your insurance identification information with you so that we can submit electronic claims to your insurance company on your behalf for reimbursement.

If you are unable to keep your child's appointment, please let us know at least 48 hours in advance!

Thank you again for choosing ToothZone Kids to be part of your child's dental care!

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PATIENT REGISTRATION

Child's Name_____ Today's Date_____

Name child would like to be called_____ Birthdate_____ Age____
MM/DD/YYY

Sex: M / F (circle one) BC CareCard Number: _____

Home Address_____
street *town, province* *postal code*

School_____ Grade_____

How did you hear about ToothZone Kids?_____

Family Information

Home Phone_____ Cell Phone: (Dad)_____

E-mail_____ (Mom)_____

The best number to reach me at is: Home Phone Cell Phone Work Phone (circle one)

Mother/Guardian _____ DOB (M/D/Y)_____

Employer _____ Work Phone_____

Father/Guardian _____ DOB (M/D/Y)_____

Employer _____ Work Phone _____

Who has legal custody of the child?_____

Names and ages of other children in family_____

Insurances/ Account Information

Person responsible for account_____

Dental Insurance: Yes / No (circle one) – if yes, please complete information below

Dental Insurance Company: _____

Policy Holder:_____ Policy Holder DOB: _____

Plan # _____ Subscriber ID#_____ Dep#: _____

Coverage A:____% B: ____% C: _____%

Dental Insurance Company: _____

Policy Holder:_____ Policy Holder DOB: _____

Plan # _____ Subscriber ID#_____ Dep#: _____

Coverage A:____% B: ____% C: _____%

Medical History Form

Child's Name: _____

Please check YES or NO for the following questions and add additional information as applicable. Use the other side of this page if needed.

YES	NO	
☐	☐	Is your child in good health?
		Name of child's physician: _____
☐	☐	Has your child ever had a health problem?
☐	☐	Has your child ever been hospitalized?
		When? _____ Why? _____
☐	☐	Is your child allergic to anything? _____
☐	☐	Is your child taking any medications?_____
		Please list the name of the medication, dose and reason
☐	☐	Were there any problems at birth?
		Explain: _____

Please check if your child has been diagnosed or treated for any of the following:

❒ Bleeding/Transfusion	❒ Heart Disease / Murmurs	❒ Asthma/Breathing	❒ Blood Dyscrasias
❒ Liver/GI Disease	❒ Anemia	❒ Adverse Drug Reactions	❒ AIDS/HIV
❒ Kidney Disease	❒ Rheumatic Fever	❒ Hepatitis	❒ Mental Delays
❒ Speech/Hearing	❒ Seizures	❒ Cleft Lip/Palate	❒ Physical Delays
❒ Cerebral Palsy	❒ Congenital Birth Defects	❒ Personality/Social Disorders	❒ Autism
❒ Cancer/Tumors	❒ Recurrent Headaches	❒ Frequent Infections	❒ Diabetes
❒ Eye/Vision	❒ Significant Injuries	❒ Endocrine/Growth	❒ Other

Please elaborate on any items checked:_____

_____

_____

_____

_____

Parent/Guardian signature:_____ Date:_____

(Leave Blank / for internal use only)

Reviewed By : _____ & _____

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Dental History

Child's Name: _____

What is the reason for your child's dental visit? _____

_____

Please check YES or NO for the following questions and add additional information as applicable.

YES	NO	
		Does your child have a toothache or any other immediate dental problem?
		Is this your child's first visit to the dentist?
		If not, When was his / her last visit? _____
		Were any x-rays taken previously?_____
		Has your child ever had any unfavorable dental experiences? If yes, please explain
		_____
		Does your child brush daily? How many times per day? _____
		Do you assist your child with brushing? If yes, How often? _____
		Does your child floss regularly?
		Has you child ever had any injuries to the teeth, face or mouth?
		If yes, please explain _____
		Does your child wear a mouthguard for sports?
		Has your child had any pain / tenderness in his / her jaw? Does it make noise?

Which of the following describes your child's temperament / personality?

❒ Friendly	❒ Talkative	❒ Quiet/Shy
❒ Strong-willed	❒ Nervous	❒ Active
❒ Independent	❒ Aggressive	❒ Stubborn
❒ Insecure	❒ Whiney	❒ Unmanageable

Please check if your child has any of the following habits listed below:

❒ Thumb / Finger Sucking	❒ Nail Biting	❒ Mouthbreathing
❒ Lip Sucking / Biting	❒ Nursing / Bottle	❒ Pacifier
❒ Grinding	❒ Other : _____	

Please elaborate on any items as you feel necessary :_____

_____

_____

_____

_____

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RISK ASSESSMENT

Date: _____

Child's Name_____ **Birthdate** _____

Child's age_____ **Child's next dental care visit**_____

HEALTH HISTORY	YES	NO
Did birthmother have any problems during pregnancy?		
Was child premature?		
Was child's birth weight low?		
Were there any complications at birth?		
Has your infant been ill?		
Is your child on medication?		
Notes :		

FLOURIDE ADEQUACY	YES	NO
Do you know the fluoride level of your water?		
Do you have well water?		
Do you use bottled water?		
Do you use a water conditioner or filtration system?		
Does your child take fluoride supplements?		
Do you use fluoridated toothpaste for your child?		
Notes :		

ORAL DEVELOPMENT	YES	NO
Does your child have any teeth?		
Child's age (in months) when first tooth erupted		
Has your child experienced teething problems?		
Have you noticed any oral problems with your child?		
Notes :		

DIET AND NUTRITION	YES	NO
Is / was your child breastfed?		
Does your child sleep with a bottle?		
Does your child drink from a cup?		
Is your child on a special diet?		
Does your child snack frequently?		
Notes :		

ORAL HYGIENE	YES	NO
Do you clean your child's teeth/gums?		
Do you use a toothbrush to clean your child's teeth?		
Do you use toothpaste to clean your child's teeth?		
Notes :		

ORAL HABITS	YES	NO
Does your child use a pacifier?		
Does your child suck a thumb or finger(s)?		
Does your child grind teeth day or night?		
Notes :		

INJURY PREVENTION / TRAUMA	YES	NO
Is your child walking?		
Is your home childproof?		
Do you use a car seat for your child?		
Has your child had an oral/facial injury?		
Notes :		

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FINANCIAL POLICY

Welcome to ToothZone Kids Dental Centre! Thank you for choosing our office for your child's dental treatment. We are committed to providing the best possible dental treatment in a relaxed and fun environment. We strive to ensure every visit is a comfortable and positive experience where we can help foster a positive attitude towards dental visits for life!

At your child's first appointment with us we will meet with you and your child, discuss your child's treatment requirement needs (if any), answer any questions or concerns you may have and give you full estimates of all treatment necessary. In an effort to ensure there are no financial surprises for you and your family, we will do our best to ensure that all estimates are as accurate as possible.

In order to provide the best possible care for your child we would like to establish a clear and open relationship with you, the parent, in every aspect of your child's dental experience. As such, we would like to introduce you to our financial policy.

- **We require that all treatment be paid for in full by you on the date of your child's appointment.** For the convenience of our patients, we accept Cash, Debit, MasterCard or VISA. Personal cheques will NOT be accepted.

- Please be aware that the parent bringing the child to ToothZone Kids Dental Centre is *legally responsible for payment of all charges.* We cannot send statements to other persons. Arrangements may be made with a third party **prior** to the appointment. The third party **must** contact us directly to give authorization and applicable credit card numbers

- **Dental Insurance** - There is no direct relationship between our office and your insurance company. The type of plan chosen by you and/or your employer determines your insurance benefits. As such, we have no say in the selection of your insurance company and no control over the terms of your contract with them, the methods of reimbursement or the determination of your insurance benefits. Once your account is paid in full we will gladly forward a dental claim directly to your insurance company on your behalf so that they are able to reimburse you in a timely matter. In many cases your reimbursement may arrive within two to four weeks of your treatment date. Sometimes even faster!

- **Emergency Treatment** - All emergency treatment must be paid in full at the time the service is rendered.

We recognize that under unusual circumstances an account balance may be incurred. ToothZone Kids Dental Centre requires that all outstanding balances *be paid in full within thirty (30)* days unless other arrangements have been made. Also note, if we have not received payment or you have not contacted us to arrange payment within thirty (30) days further action may be taken with a collection agency. We reserve the right to apply an interest rate of eighteen (18%) from the date of service. Thank you in advance for your understanding of our financial policy!

Parent/Legal Guardian: _____ Date:_____

Child's Name:_____

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APPOINTMENT POLICY

Your scheduled appointment time is reserved specifically for your child. Any change in this appointment affects all of our patients. If a cancellation is unavoidable, please call the office at 2 business days in advance so that we may give that time to another child in need of treatment.

- All restorative (fillings, extractions, etc.) procedures for children 6 years and under or those requiring nitrous oxide (laughing gas) are best scheduled in the morning. Children tend to do better in the morning for these types of procedures.

- Our team strives to see all patients on time for their scheduled appointment. However, there are times when our schedule is delayed in order to accommodate an injured or anxious child. Please accept our apology in advance should this occur during your appointment. We will do the exact same if your child is in need of emergency treatment. If you have to wait more than 10 minutes, please ask our front desk the reason for the delay.

- Please plan to arrive 5-10 minutes or more before your scheduled appointment. This will allow time to complete any additional paperwork and see your child on time.

- If you arrive 10-15 minutes late for your appointment, you may be asked to reschedule for the next available appointment time.

- Any broken or missed appointments without at least 2 business days advanced notice is subject to a cancellation fee of $50 per patient per appointment.

- Broken or missed appointments affect many people. If two (2) broken and / or missed appointments or two (2) cancellations without 2 business day advanced notice occur our office reserves the right to NOT schedule any subsequent appointments.

If at any time you have questions, please feel free to ask our staff or call our office. We are here to help in any way we can and we appreciate you entrusting your child's dental health to us!

Thank you!

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CHILDREN, PEDIATRIC DENTISTRY AND YOU

Parents are welcome to accompany their child into the treatment area during the initial examination and all recare appointments. This gives you the opportunity to see our staff in action and allows the doctor to discuss dental findings and treatment needs directly with you. **We do ask that if you choose to accompany your child, assume the role of a silent observer. Your presence is greatly enhanced if you play a passive role.** If more than one person is speaking to the child, they may become confused. Cooperation and trust must be established directly between Dr. Mathew and / or Dr. Natalie and your child, and not through you. There may be times when a child's experience is enhanced by a parent's absence. We encourage older children, those 5 years and older, to come back to the treatment area by themselves as this builds autonomy and trust. Typically, children of all ages will do better without a parent present in the room during an operative (filling) appointment. You are welcome to observe through our glass windows in the doors. Children who are very apprehensive may look for an "escape" by going to their parents. In this case, we may ask that a parent wait in the reception room during treatment in order to facilitate a more direct line of communication between the child and Dr. Mathew or Dr. Natalie. The following is a brief explanation of some of the methods we use to guide your child's behavior and provide a positive dental experience. Since each child is unique, no list can be complete and other methods may be explained as needed.

TELL, SHOW, DO
This is the most important tool for teaching your child. The child is told in simple / easy to understand terms what is going to be done. We use kid-friendly / non-threatening words such as “Mr. Thirsty”, “Raincoat” and “Tooth Tickler”. They are shown what is going to be done and then the procedure is performed.

IMAGERY
We tell children in simple terms what is going to be done. For example, a dental exam becomes "looking and counting your teeth". A dental cleaning becomes "brush and tickle your teeth". We encourage you to use these terms when talking to your child about their dental experiences.

DISTRACTION
Sometimes it is necessary to distract your child from an unpleasant sensation by focusing his/her thoughts on something other than what is being done. The use of the overhead TV is one example.

POSITIVE REINFORCEMENT
This is a technique used to reinforce good behavior by praising your child or providing a reward following a desired response in hopes of promoting continued good behavior.

VOICE CONTROL
Voice control is a controlled change of voice volume, tone or pace to influence and direct the child's behavior. This technique is used to establish a line of communication between the doctor and child.

RESTORATIVE RELATED PROCEDURES
Almost all procedures to repair teeth involve the use of the dental hand piece, which many people think of as the "drill". We refer to it as "Mr. Whistle" and the slow speed hand piece as "Mr. Bumpy". The sensations these instruments produce will be introduced to your child in a non-threatening manner. A rubber dam or "rain coat" is used to isolate the teeth being repaired. This helps keep saliva away from the tooth, protects the soft tissues of the mouth and keeps unfamiliar tastes out of your child's mouth. A mouth prop or "tooth pillow" is used occasionally so the child's jaw muscles don't become overtired during the procedure to prevent the child from biting the hand piece.

LOCAL ANESTHESIA
Most restorative procedures require the use of local anaesthetic. We grew up calling it "novocaine". Please do not use words such as "shot, needle or injection". We never use these words around children. A topical anaesthetic is used to help numb the soft tissue at the injection site. The child is told we are going to "wiggle and pinch and put their tooth to sleep". The dental assistant places their arm lightly across the child's chest or holds their hands during the injection to protect the child from reaching up and grabbing the syringe and hurting themselves.