



Dr. Diederik W. Millenaar, Inc.
Certified Specialist in Pediatric Dentistry
200-1060 Austin Ave. Coquitlam, BC V3K 3P3
P: 604.343.3810 Fax: 604.674.1966
E: contact@kidsteeth.ca

Patient Name _____

Parent/Guardian Name _____

Date of Birth _____

Dental Treatment and Behavior Management Consent

My child has dental needs that will require treatment.

Dental treatment might include any of – polishing/scaling, fluoride, x-rays, topical/local anesthetic, disking, extractions, minor oral surgery, sealants, white fillings, nerve treatments, rubber dam isolation, stainless steel or zirconia crowns, space maintainers, and partial dentures.

Behavior management of my child for dental treatment might include any of "tell-show-do", voice control, distraction, and mouth props.

Children receiving dental treatment generally respond much better to direction given by the dentist and staff when parents are not in the room during treatment. Feel free to bring along your child's favourite teddy or blanket for comfort.

I acknowledge that the nature of the dental treatment and proposed behavior management has been explained to me and that I have been informed of the risks and benefits of providing this treatment. I hereby give permission to Dr. Diederik Millenaar and staff to provide dental treatment, as proposed, to my child.

Parent/Guardian Signature _____