The Little Royals Dentistry for Kids

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Welcome to **The Little Royals Dentistry for Kids**, we'd like to thank you for allowing us to provide dental care for your child. Because we value our relationship with you and believe that the best relationships are based on mutual understanding, we offer these clarifications of our office guidelines.

GENERAL OFFICE GUIDELINES

- Parents-We invite you to stay with your child during examinations and procedures as an observer NOT participant, unless otherwise directed by a team member or Dr. Colombo (Sal) or Dr. Zangeneh-Colombo (Yasi). Our goal is to gain your child's confidence, trust, and overcome any apprehension.

We strive to make each and every visit to our office a fun one!

- Appointments: If your child is under the age of 6, we ask that you schedule a morning appointment. In our experience, we have found that younger children tend to do better when they are well rested.
- NO SHOW: We ask for a notice of two (2) business days prior to your appointment if you need to make a change to your visit, we ask that you call us so we can better accommodate you. An appointment changed less than two business days prior may affect our ability to reschedule your child's future appointments, and a non-refundable deposit may be required prior to rescheduling.
- Infection Control **-** We utilize the most effective infection control measures and fully comply with the new OSHA standards for sterilization. We maximize our use of disposable materials and autoclave all our hand instruments.

CONSENT FOR DENTAL TREATMENT

- I request and authorize Dr. Colombo, Dr. Zangeneh-Colombo and their team to examine, clean and provide my child with comprehensive dental treatment including fluoride, fillings, crowns, extractions and nitrous oxide, if required. I further request and authorize the taking of dental x-rays as may be considered necessary for the doctors to diagnose and/or treat my child's dental condition. I will allow photographs to be taken of my child and/or my child's teeth for diagnostic or educational purposes. I understand that dental treatment for children includes efforts to guide their behavior by helping them to understand the treatment in terms appropriate for their age. The doctors will provide an environment likely to help children learn to cooperate during treatment by using praise, explanation and demonstration of procedures and instruments, and using variable voice tone. I understand that I will be responsible for any charges incurred on this child for dental treatment.
- I have given an accurate report of this patient's physical, mental, dental, and fluoride health history. I have also reported any prior allergic or unusual reactions to medications, latex, foods, or metals, and any other disease or condition, including pregnancy.
- I agree to inform Dr. Colombo, Dr. Zangeneh-Colombo and the team of The Little Royals Dentistry for Kids of any changes in the medical history. This authorization is valid until revoked by me in writing.

FINANCIAL GUIDELINES

Please be aware that the parent bringing the child to our office is responsible for payment of all charges at the time of appointment. We cannot send statements to other persons. We ask that you pay the cost of the initial examination and any necessary dental x-rays on the day of that appointment. Please understand that financial arrangements are made directly with you. In order to insure the most accurate financial information, and for the security of our patients, we require a valid social security number or driver's license. For the convenience of our patients, the following alternatives are listed as a guide for possible financial arrangements:

1. **Payment is due in full at the time of appointment.** We will notify parent/guardian of ESTIMATED charges prior to appointment time, and if any, refunds will be given on work not completed prior to departing office. We accept Cash, MasterCard, Visa, and Discover. A charge of **$30.00** for declined credit card transactions assigned for payment plans. If multiple credit cards are used for a single payment, The Little Royals Dentistry will charge a **$5.00** service fee. We will **not be accepting personal checks**.
2. **Dental Insurance:** Please advise us of any changes to your insurance prior to your scheduled appointment. As a courtesy, we will be pleased to file your dental insurance claim form electronically to ensure that you receive the benefits that you are entitled to. We will require payment on the day of service for the estimated amount that your insurance is not expected to pay. We will assist you in estimating what your insurance will and will not cover but cannot be held responsible for how your insurance company handles the submitted claim. Our team will always be available to help answer any questions you may have.
3. **Pre-treatment Authorizations:** Some insurance companies recommend an estimate of the work to be done and the fees to be charged before determining their benefits to you. If so, we will provide you with the pre-treatment fee estimate. In this case, it will be up to you to determine if you wish to proceed with the treatment before the insurance benefit is determined.
4. **Fillings:** Our dental material of choice is a white (composite resin) filling. Please be aware that your insurance company may not pay for a resin filling at the same level as a silver (amalgam filling). The co-payment is your responsibility.
5. **Nitrous Oxide (Laughing Gas):** Nitrous is not always covered by insurance. We thank you for your payment at time of service.
6. **Appliances:** The entire cost of the appliance must be paid on the day your child's impressions are taken. This is necessary because our office must pay the laboratory bills when appliances are ordered. If the appliance breaks, there may be an additional fee for the associated lab costs.
7. **Emergency Treatment:** All emergency treatment must be paid in full at the time of service. Please remember, even if you have insurance coverage, you are responsible for payment of your account. Please realize that your insurance coverage is a relationship between you, the insured patient, and your insurance company. Your understanding and cooperation with this matter is greatly appreciated. You are helping us keep our overhead expenses, in the form of direct and labor costs, down. In addition, you are helping to keep your fees as low as possible. I have read and understand my obligation.

RADIOGRAPH(S) GUIDELINES

- Radiographs are the only way to reliably view the bone, roots, attachments, interproximal areas, and under and around restorations. Radiographs provide a starting point for what conditions exist today, and what changes may occur by the patient's next appointment. Detection of harmful conditions such as cancer lesions and abscesses are often impossible without radiographs.
- Our office uses the ALARA principal when taking radiographs, this means we us As Low as Reasonably Achievable levels of radiation, using digital radiology protective gowns and collars, and devise to reduce scatter and concentrate the beam into the smallest area possible.
- Radiographs will of course be on an individual basis based on the needs of the patient, proximity of the teeth, caries risk, age and level of cooperation. Detecting caries early is the best way to ensure the best treatment techniques are used including preventive strategies. Once you are able to see the cavity, often it is too late to treat with minimally invasive therapy.
- There will be no exceptions, if Dr. Colombo or Dr. Zangeneh-Colombo recommends radiographs, and you wish not to have them taken, we will not treat your child and prefer you see another dentist.

Parent / Guardian Signature: _____ Date: _____

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NOTICE OF PRIVACY PRACTICES - HIPAA

Disclosure of Health Information

- We use and disclose health information about your child for treatment, payment, and healthcare operations. We may disclose your child's information to a healthcare provider treating him/her. You may give us written authorization to disclose health information to a healthcare provider treating him/her. You may give us written authorization to disclose health information to anyone for any purpose. This may be revoked in writing. We need written permission before any health information is disclosed to any caregivers besides the child's legal guardian. In the event of an emergency we will disclose information based on our professional judgment. We may use your child's health information to obtain payment for services. We will not use health information for marketing purposes. If we suspect a possible victim of abuse, neglect, or domestic violence we may disclose your child's health information as the law requires. We may disclose your child's health information to provide you with appointment reminders or treatment recommendations (such as voicemails, postcards, emails and/or letters).

Patients' Rights

- **Access:** You have the right to look at or get copies of your health information. If you request copies, we will charge you for each page, staff time to locate and copy the information, and postage if you want the copies mailed.
- **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of information.
- **Alternative Communication:** You have the right to request that we communicate with you about your health history in alternative means.
- **Amendment:** You have the right to request that we amend your health information. We may deny your request under certain circumstances.

Questions and Complaints

- If you are concerned that we may have violated your privacy rights or disagree with a decision we made about access to your health information or in response to a request to amend or restrict the disclosure of health information, you may submit a written complaint to the US Department of Health and Human Services. If you have any further questions about our privacy practices, please contact Dr. Colombo or Dr. Zangeneh-Colombo.

PHOTO / SOCIAL MEDIA GUIDELINES & RELEASE

- At **The Little Royals Dentistry for Kids**, we believe strongly in creating a fun and welcoming environment for children to have their dental needs addressed. We may display your child's name or picture in our office to make them feel welcome or acknowledge their accomplishments. We believe that sharing positive experiences (be it through photos, videos, etc.) on social media platforms can help to spread that message and normalize the idea of visiting the dentist, and we may utilize electronic resources to help do so, such as our Facebook, Instagram, TikTok and Twitter pages for "The Little Royals Dentistry for Kids."
- I authorize **The Little Royals Dentistry for Kids** to use photo/videos of me (parents, guardians) or my child in relation to our experiences at, or with representatives of The Little Royals Dentistry for Kids. I understand this information *may* be used on social media platforms, promotional materials and/or websites associated with The Little Royals Dentistry for Kids.
- I release the use of photos/videos to **The Little Royals Dentistry for Kids** as a courtesy.
- I understand that I can revoke this release at any time in writing and that the use of any of my photos or other information authorized by this release will cease at that time.

Parent/ Guardian Signature: _____ Date: _____

GENERAL INFORMATION

Home Address:_____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone (Home): _____ (Work): _____(Cellular): _____

Mother's Name: _____ Mother's Employer: _____

Mother's Social Security #: _____ Mother's Birth Date:_____

Father's Name: _____ Father's Employer: _____

Father's Social Security #: _____ Father's Birth Date:_____

Marital status _____Who has legal custody of patient? _____

Primary cell number to receive appointment reminders: ☐ Mother ☐ Father ☐ Other: _____

Leave detailed voice mails, send detailed emails or send detailed text: ☐ Yes ☐ No (if no, how would you prefer our communication): _____

Emergency Contact other than parents: _____

Relationship to child: _____ Phone: _____

Please list whom we may discuss treatment or dental care with other than parents: _____

_____

Please list whom may bring in your child other than yourself or spouse: _____

_____

Whom may we thank for referring you to our practice?: _____

The Little Royals Dentistry for Kids

Patient Name: _____ Nickname: _____ Birth Date: _____

Gender: ☐ Female ☐ Male ☐ Other: _____ School: _____ Grade: _____

Ethnicity: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Non-Hispanic ☐ Asian ☐ Caribbean American ☐ Indian ☐ Native American ☐ Prefer not to Answer ☐ Other: _____

DENTAL HISTORY

☐ **Yes** ☐ **No** Has your child ever been to the dentist? Date of Last Dental Visit: _____

☐ **Yes** ☐ **No** Has your child ever had dental x-rays? Date: _____

☐ **Yes** ☐ **No** Do you think your child will react well to dental treatment? _____

☐ **Yes** ☐ **No** Has your child had recent dental pain or have any specific problems that need attention? Please Explain: _____

☐ **Yes** ☐ **No** Brush their teeth? How often: _____ ☐ **Yes** ☐ **No** Use dental floss? How often: _____

☐ **Yes** ☐ **No** Have your child's teeth, face, or head ever been injured? When: _____ Which: _____

Treatment: _____

Please mark if your child is having problems with any of the following:

- ☐ Cavities
- ☐ Surgical Mouth Treatment
- ☐ Orthodontics
- ☐ Toothache
- ☐ Gum Infections
- ☐ Jaw Sounds
- ☐ Sensitive Teeth
- ☐ Color of Teeth
- ☐ Teeth Grinding/ clenching

Please mark if your child has any of the following oral habits:

- ☐ Finger Sucking
- ☐ Pacifier
- ☐ Lip Sucking
- ☐ Tongue Thrust
- ☐ Bottle Feeding / Sippy Cup
- ☐ Demand Breast Feeding
- ☐ Mouth Breathing
- ☐ Snoring
- ☐ Other:_____

Please elaborate on items checked: _____

☐ **Yes** ☐ **No** Does your child use fluoride toothpaste? ☐ **Yes** ☐ **No** Use fluoride rinse or other supplement?

What snacks does your child eat most often? _____

What beverages does your child drink most often? _____

HEALTH/MEDICAL HISTORY

Child's physician: _____ Phone #: _____ Date of last exam:_____

☐ **Yes** ☐ **No** Has your child had any hospitalizations? (Why and when): _____

_____

☐ **Yes** ☐ **No** Are your child's immunizations up-to-date? _____

☐ **Yes** ☐ **No** Has your child had any operations/surgeries? _____

☐ **Yes** ☐ **No** Is your child currently taking any medications? If so, please list medication, doses, and reason:

_____

☐ **Yes** ☐ **No** Is your child allergic to anything? _____

☐ **Yes** ☐ **No** Were there any problems at birth? _____

☐ **Yes** ☐ **No** Have you ever been told your child should have antibiotics before dental visits?

Please mark if your child has been diagnosed and/or treated for any of the following:

- ☐ Blood Disorder / Anemia
- ☐ Heart Disease / Murmur
- ☐ High Blood Pressure
- ☐ Endocrine disorders / Diabetes
- ☐ Thyroid Disorder
- ☐ Immune Disorder / HIV / AIDS
- ☐ Cancer / Tumors
- ☐ Bone / Joint Problems
- ☐ Kidney Disease
- ☐ Lung/ Breathing Problem
- ☐ Asthma / Reactive Airway
- ☐ Liver Disease/ Jaundice/ Hepatitis
- ☐ Stomach / GI Disease
- ☐ Transplants/ Transfusions
- ☐ Rheumatic Fever
- ☐ Cleft Lip & Palate
- ☐ Premature / Low Birth Weight
- ☐ Cerebral Palsy
- ☐ Brain Injury
- ☐ Seizures / Epilepsy
- ☐ Autism Spectrum
- ☐ ADD / ADHD
- ☐ Psychiatric / Emotional Disorder
- ☐ Congenital Birth Defects
- ☐ Social Delay
- ☐ Behavioral Problems
- ☐ Speech Disorder
- ☐ Eating Disorder
- ☐ Hearing Loss
- ☐ Vision Problems
- ☐ Mental Cognitive Delay
- ☐ *Females:* Pregnant
- ☐ Other:_____

Please elaborate on items checked: _____

Parent/ Guardian Signature: _____ Date: _____