



## Dentistry for Children

### COMMITMENT TO OFFICE POLICY

An appointment written in our schedule, with your child's name on it is a bond of trust that we will be here to serve you and that you will be present and on time for that appointment. We will reserve time for your child during our office hours. For all of us, time is important and we do our best to ensure that you are seen promptly. Dealing with small children, as we do, there are no guarantees. We appreciate your patience. Please be assured that your child will also receive the same extra attention if necessary.

As a courtesy to our patients, Dr. Amanjee's staff attempts to confirm appointments the day prior. However, once you have made an appointment, remembering and keeping it is your responsibility. Confirmation is simply a courtesy to you.

No charge will be made for canceled or reschedule appointments provided that **TWO WORKING DAY'S NOTICE** is given so the time reserved for your child may be available to other patients.

**A CANCELED, RESCHEDULE, OR FAILED APPOINTMENT WILL BE CHARGED \$75.00 ON YOUR CHILD'S ACCOUNT.**

**Type of Payment accepted in our office** , Visa, Master, Discover. Checks are accepted has form of payment but will be required to have a **Driver's License**. There will be a **\$35.00** charge for all **Returned Checks**.

Our Office will bill your **Insurance**, as a courtesy to you. If your insurance does not pay for service render to your child, It is the parent or guardian of the patient responsibility to pay your account in full. It will then be your responsibility to have insurance reimburse you for the services. Your insurance is a contract between you and your employer or self. It is up to you to keep our office updated on your policy to avoid any delay's or cost to you .

**THEREFORE, OUR OFFICE POLICY IN THIS REGARD IS EXTREMELY FIRM AND FLEXIBLE: Please be present for all your schedule appointments.**

**Remember that if you need to reschedule, please contact us during office hours at (916-780-7890) at least TWO working days prior to the appointment.** In the event of a failed appointment, you will be asked to pay in full for future treatment before we reschedule the failed appointment. Your understanding and compliance is appreciated.

We look forward to accomplishing all of your child's treatment needs in a comfortable and caring environment.

I have read and understand this policy:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

141 Parker St. Ste B, Vacaville CA, 95688  
Tel: 707-450-1002

[www.toothfairy4u.com](http://www.toothfairy4u.com)

**TOOTH FAIRY  
DENTAL CENTER**

**SUCHETA AMANJEE, D.D.S. Inc.**

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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

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**\* You May Refuse to Sign This Acknowledgement\***

**I have received a copy of this Office's Notice of Privacy Practices.**

\_\_\_\_\_  
**Print: Patient Name**

\_\_\_\_\_  
**Signature**

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

**Relationship to Patient:** \_\_\_\_\_

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**For Office Use Only**

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**We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:**

**Individual refused to sign**

**Communication barriers prohibited obtaining the acknowledgement**

**An emergency situation prevented us from obtaining acknowledgement**

**Other ( Please Specify)**

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## Dentistry For Children

### Informed Consent and Authorization

The undersigned hereby authorizes Dr. Amanjee to take X-rays, cleaning and fluoride, study models, photographs, or any other diagnostic aids deemed appropriate by Dr. Amanjee to make a thorough diagnosis of the patient's dental needs. I also authorize Dr. Amanjee to perform any and all forms of treatment, medication and therapy that may be indicated. I also understand the use of anesthetic agents embodies a certain risk. I understand that responsibility for payment for Dental Services provided in this office is mine due payable at the time services are rendered. I also assign all insurance benefits to Dr. Amanjee.

If your child needs dental treatment beyond a regular cleaning, x-rays, and examination, listed below are possible treatments, risks and alternative treatments possible.

1. Sealants: This is strictly a preventative treatment. Sealants involve the placement of an acrylic material that fills in the grooves on the chewing surface of a tooth. This prevents food from becoming trapped in the grooves which in turn results in "cavities." The only alternative is not placing a sealant which may lead to cavity formation.
2. Local Anesthetic (called "sleepy- juice" in our office): This is used in all invasive procedures, eg. Fillings or extractions. It consists of an injection of a lidocaine solution that includes epinephrine. The solution is changed in only certain circumstances where the patient's physician feels it may be dangerous. No other viable alternative exists that works as well. If not used patient may exhibit pain.
3. Nitrous Oxide (also known as "laughing gas"): Sometimes Dr. Amanjee recommends this form of slight sedation to help in treatment. It does not cause the patient to go to sleep. It relaxes patients making apprehensive patients get through treatment a little less traumatically. Oxygen is given in combination for safety. Alternatives include: (a) no sedation- may cause patient to struggle through treatment, (b) IV sedation- drug sedation method. Adverse effects are limited to occasionally nauseous.
4. Amalgam ("silver fillings"): Used predominately on back teeth, especially on chewing surfaces of teeth. Long term wear is very good. No risks have been found. Alternatives include acrylic materials which esthetically look better, but many studies show they exhibit quite a bit of wear occasionally necessitating replacement. These materials are very technique sensitive necessitating more time involved.
5. Composite: This is the tooth colored "filling" material mentioned above. Esthetics are good. These are used, most often, on teeth where esthetics are a consideration. Being technique sensitive, time is involved and risk of a "filling" falling out is higher. Cosmetic dentistry improves the child's self esteem and enhances their smile.
6. Pulpotomy/placatory: If a tooth is broken and involves the nerve of the tooth or decay penetrates the nerve removal of that nerve tissue must be accomplished. This procedure includes physically removing nerve tissue, chemically cauterizing the wound and placing a material in it's place. This procedure is done to save the tooth. Teeth are saved for function (eating), esthetics and maintaining space. If not done all three of these things can be affected. If a nerve is left untreated in either case infection can occur that leads to pain, swelling, hospitalization

and/or death. Only viable alternative is extraction of the tooth. Any pulp treatment can fail. Pulp treatment failure results in swelling. In this case the tooth needs to be extracted.

7. Crown (“Silver cap” or “tooth colored cap”): A crown is a restoration that covers the entire tooth. This is used in situations where the decay is large and a filling will fall out or on a tooth that had a pulpotomy. The pulp treatment makes the tooth brittle thus a “filling” may not absorb the forces of chewing. Front teeth get crowns with tooth colored facings for esthetic purposes. Chewing teeth in the back get stainless steel crowns or crowns with tooth colored facings for esthetic purposes.

8. Extraction: If a tooth is badly broken and no restoration exists to repair it, deep decay that once removed does not allow for restoring the tooth or failed treatment can all necessitate removal of the tooth (extraction). This is the last possible treatment for a tooth. No alternative exists. If not done patient could experience pain, swelling, become ill or die. You have the option of seeing an oral surgeon or Dr. Amanjee for an extraction.

9. Space Maintainer: If a tooth is lost either by injury or decay space loss can occur. That space loss can lead to orthodontic problems. A space maintainer is an appliance that is glued in to hold that space open until the permanent successor. There are no alternatives to treatment. If your child’s space maintainer comes off, it will be recemented at no charge. However, a charge will be applied if it comes off a second time and thereafter.

**It is your choice if treatment is to be done. If treatment involves a cavity, or more, consequences include pain, swelling, infection, illness or death. Not as extreme items include larger cavity, nerve treatment, tooth loss, or space loss.**

When treating your child these are options for treatment that Dr. Amanjee offers. They include conventional treatment, use of nitrous oxide, and IV sedation (sedation in office, the viewing room **IS NOT Available To PARENTS on SEDATION Days ONLY!**). Dr. Amanjee will recommend one of the options only if she feels it is necessary. If you prefer one of these options please let Dr. Amanjee know.

**Due to the structure of our schedule, if you are 15 minutes late we will have to reschedule your child’s appointment.**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

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