

Dear Parents:

You may choose whether or not you accompany your child to the exam chair. 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, please follow the guidelines to improve the chance of a positive experience:

Allow us to prepare your child. We will use Tell-Show-Do to explain each step of the procedure. We will **TELL** your child about the procedure. **SHOW** them what we will do. **DO** what we have explained.

Please be supportive of our practice’s terminology. We are selective in our use of words. Our team members try to avoid words that may scare your child. Please be supportive by NOT USING negative words. Our intention is not to “fool” your child, but rather it is to create an experience that is positive.

<i>Instead Of . . .</i>	<i>Please Use . . .</i>
Needle or shot	Sleepy Juice
Drill	Tooth Whistle
Pull your tooth	Wiggle your tooth out
Decay, Cavity	Sugar Bug
Drill on a tooth	Wash a tooth with the tooth whistle
Examination	Count your teeth
Tooth Cleaning	Tickle your teeth
Explorer	Tooth Counter
Rubber Dam	Raincoat

For an illustration instead of saying, “Today we are going to pull your tooth out, but don’t worry because your going to have a shot in your cheek so you won’t feel anything”. The translation would be, “Today we are going to wiggle your tooth, but don’t worry because were going to give you some sleepy juice for your cheek so you won’t feel anything.

Please be a silent observer. We ask that you sit quietly so we can maintain communication with your child. Children will normally listen to their parents instead of us and may not hear our guidance.

Both the parent and/or team member have the ability to stop treatment. If behavior becomes such that the dentist feels treatment can not safely be carried out or that it would unsafe to continue, for any reason, treatment may be stopped.

These are very important ways that you can actively help in the success of your child’s visit. We are confident that these guidelines will help make your child’s dental visit a positive experience.

Parent / Guardian Signature

_____/_____/_____
Date

Print Name