



Patient Name: _____

DOB: _____

PID: _____

Policy Regarding Parents and Family in Dental Treatment Rooms

Crescent Community Health Center

Dental Department

1. In order to best assess a potential patient's ability to tolerate and/or cooperate for dental procedures, parents are not allowed in the treatment room during the initial patient assessment.
2. All patients over the age of three will be expected to attend their dental appointment independently. Parents and guardians are given full opportunity to review any questions or concerns prior to and after exams and treatment. During treatment: parents, other children, spouses, friends and other family members will remain in the reception area. Exceptions are special-needs patients and those requiring translators.
3. Parents will accompany the patient to the dental treatment room prior to the initial invasive procedure to be performed by the dentist. Once the parent and dentist agree upon the initial treatment the parent will return to the waiting room while the procedure is performed. At subsequent visits the parent will be asked to accompany the child to the treatment room at the dentist's discretion.
4. Parents will accompany the patient to the treatment room prior to any extraction procedure at which time a surgical consent will be signed by the parent and post-operative instructions will be delivered. Parents will return to the waiting room prior to an extraction procedure being performed.
5. Parents and guardians of small children will need to make arrangements for supervision of their children while they themselves are being seen as patients by the dentist or hygienist. All children must be supervised.
6. Caregivers who are required to be with special-needs and very young patients will be asked to support the patient and dental team by being a "silent helper." This means allowing the patient to focus on the doctor without interruption or distraction.
7. Children who are unable to cooperate and/or tolerate required procedures including, but not limited to, sitting in the treatment chair, x-rays, prophylaxis/cleaning and/or fluoride treatments will be referred to a pediatric dentist for further assessment.
8. Children who exhibit a high level of apprehensiveness will be referred to a pediatric dentist for further assessment.
9. Patients whose parents desire to be in the treatment room for the initial patient assessment will be referred to a pediatric dentist for further assessment.
10. Patients who are unable to cooperate/tolerate operative and/or extraction procedures will be referred to a pediatric dentist for further evaluation.

Patient/Parent/Guardian Signature: _____ Date _____

Witness: _____ Date _____