



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

GOVERNMENT OF GUAM

P.O. BOX 2816

AGANA, GUAM 96910



DENTAL BEHAVIORAL MANAGEMENT PROCEDURES CONSENT FORM

Because children who are faced with dental treatment generally behave better when their parents are not present, we ask that you wait in the reception area until your child's treatment is completed.

It is natural for children to be anxious about their first visit to the dentist. But most will accept dental treatment after a simple show and tell procedure that we routinely use for new patients.

Unfortunately, a few children are so fearful when they arrive at our clinics, that it is impossible to get their attention because they are crying and moving about. These children must be physically restrained by the dentist, in order to communicate with them. In most cases, even very fearful children will become good patients once communication and understanding is established and after their first appointment proves to them that their fears are unfounded.

A very small number of children, less than 1% here on Guam, are so anxious that we are unable to treat them using these approaches. These children will need sedation and/or physical restraints to permit dental treatment. If your child is in this group, we will refer him/her to a specialist.

If you have questions about our behavior compliance procedures, please ask to speak to one of our dentists for clarification.

We ask that you sign and date this form to acknowledge that you have read, understand and consent to your child being treated using the behavioral management procedures described above.

PARENT OR LEGAL GUARDIAN
(Please Print Name)

SIGNATURE

DATE

FACSIMILE NO.: (671) 734-5910 • TELEPHONE NO.: (671) 734-4589



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