

GALLERY OF LITTLE SMILES

220 Ridgedale Avenue, Suite B1

Florham Park, NJ 07932

(973) 295-6700

Patient's Name: _____ **Age:** ____ **Birth Date:** _____ **Sex:** M / F
First Middle Last MM/DD/YYYY

Address: _____
Street City State Zip

Parent/Guardian

Name: _____ **Social Security #:** _____

Address: _____
Street City State Zip

Phone: (H) _____ (W) _____ (M) _____

Occupation: _____ **Company:** _____

Company Address: _____
Street City State Zip

Marital Status: Married Single Separated Divorced

Name: _____ **Social Security #:** _____

Address: _____
Street City State Zip

Phone: (H) _____ (W) _____ (M) _____

Occupation: _____ **Company:** _____

Company Address: _____
Street City State Zip

Marital Status: Married Single Separated Divorced

Person(s) Responsible for Account: _____

Insurance Information

Primary Insurance:

Name of Insured: _____ **Social Security #:** _____
First Middle Last

Patient's Relationship to Insured: Self Spouse Child Other **Birth Date:** _____

Employer: _____
Name Street City State Zip

Insurance Carrier: _____ **ID:** _____ **Group #:** _____

Secondary Insurance:

Name of Insured: _____ **Social Security #:** _____
First Middle Last

Patient's Relationship to Insured: Self Spouse Child Other **Birth Date:** _____

Employer: _____
Name Street City State Zip

Insurance Carrier: _____ **ID:** _____ **Group #:** _____

GALLERY OF LITTLE SMILES

220 Ridgedale Avenue, Suite B1
Florham Park, NJ 07932
(973) 295-6700

Patient's Name: _____ Date: _____

Who may we thank for referring you to our practice?

Name: _____ Address: _____

Patient Friend Doctor Office Website School Ad: _____ Other: _____

Dental History

Is this your child's first trip to the dentist? YES NO

If NO, When was your child's last dental visit? _____

Last Dentist: _____

Name

Address

Reason for changing dentists: _____

Please tell us why you are here (*routine visit, emergency, other concerns*): _____

Has your child ever received dental treatment other than a cleaning before? YES NO

If YES, how did your child behave for dental treatment? _____

Medical History

Pediatrician: _____

Name

Address

Phone

Please state and medical, emotional, or behavioral condition that your child has or is suspected of having (*please be specific*): _____

Does your child take any prescription medication/vitamins? YES NO

If YES, please specify name and dosage: _____

Does your child have any allergies (*medication, food, seasonal, etc.*)? YES NO

If YES, please specify: _____

Have you ever been told that your child has a heart murmur or other heart condition? YES NO

If YES, does your child require antibiotic premedication before dental visit? YES NO

Please specify the heart condition: _____

Please check any condition that applies to your child:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Gastrointestinal Problems | <input type="checkbox"/> Kidney Disorder | <input type="checkbox"/> Premature Birth |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Learning Disorder | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> History of Surgery | <input type="checkbox"/> Liver Disorder | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Blood Transfusion | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Neurologic Disorder | <input type="checkbox"/> Urinary tract Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Possibility of Pregnancy | <input type="checkbox"/> OTHER: _____ |

To the best of my knowledge, the information above pertaining to my child is correct and accurate. I will promptly inform the doctors of any changes in my child's health.

Signature of Parent/Guardian: _____ Relationship: _____ Date: _____

GALLERY OF LITTLE SMILES

220 Ridgedale Avenue, Suite B1

Florham Park, NJ 07932

(973) 295-6700

PERMISSION TO TREAT

I, _____, give my permission for Dr. Dennis Lam and his staff to treat my child, _____, for all dental treatment he/she may need. If additional treatment is found to be necessary, Dr. Lam has my permission to perform the necessary procedures whether or not I am present in the office. In the event of an unforeseen emergency, Dr. Lam has my permission to take any and all necessary steps to ensure the safety and well being of my child.

I acknowledge that I have reviewed the office's ***Policy For Treatment of Minor Children***. I understand and agree to its terms.

Signature of Parent/Legal Guardian: _____ Date: _____

I acknowledge that I have reviewed the office's ***Policy For Parental Presence In The Treatment Area***. I understand and agree to its terms.

Signature of Parent/Legal Guardian: _____ Date: _____

GALLERY OF LITTLE SMILES

220 Ridgedale Avenue, Suite B1

Florham Park, NJ 07932

(973) 295-6700

POLICY FOR TREATMENT OF MINOR CHILDREN

It is the office policy that the parent/legal guardian may leave the office while the minor is being treated, provided that:

1. The minor is over the age of 10 years.
2. The procedures involve routine dental treatment such as cleaning, fluoride or fillings.
3. The parent/legal guardian is available by phone.
4. The parent/legal guardian has signed all the required documentation.
5. The parent/legal guardian has informed the office beforehand that he/she will be leaving the office or that he/she will not be present.

We will inform the parent or guardian at what time the treatment is expected to be completed. In case the minor is being picked up, we expect the parent/legal guardian to be on time.

Minor children who are able to transport themselves to their appointments must bring written documentation from the parent/legal guardian giving the office permission to perform treatment, take x-rays, etc.

In the event that the parent/legal guardian is NOT bringing the child for their appointment, we need documentation from the parent and a phone number where they can be reached if necessary.

An emergency could occur when an unexpected incident happens. At that time, it is always better to have the parent/legal guardian available. However, in case of a problem where the health and well-being of the minor could be compromised, New Jersey law assumes consent to emergency treatment has been given and the doctor should proceed in the best interest of the minor by instituting the appropriate measures, such as CPR, calling the paramedics, etc.

At all times, it is our goal at Gallery of Little Smiles to keep every child in the office safe. In order to maintain safety and security of children during treatment, Dr. Lam and staff may use safety devices such as x-ray aprons, mouth props, dental dams, etc. to guard against any safety hazards associated with routine dental care.

GALLERY OF LITTLE SMILES

220 Ridgedale Avenue, Suite B1

Florham Park, NJ 07932

(973) 295-6700

POLICY FOR PARENTAL PRESENCE IN THE TREATMENT AREA

Our experience has shown that most children above age three, when properly oriented are generally more cooperative without parents in the treatment area. As a pediatric dental practice, years of experience and research has demonstrated that the main reasons for negative behavior by children at the dental office are either separation anxiety or fear of the unknown.

Dr. Lam and his staff are well-trained to communicate and relate to children so that they can best cope with the new experiences of being in the dental office. However, this can only be achieved if the doctor and staff have the child's undivided attention. It is for this reason that Dr. Lam may occasionally ask that parents either leave the room temporarily or allow the child to be brought to the treatment room alone. As a parent, you will never be separated from your child against your will.

If you are present in the treatment room, we ask that you abide by the following guidelines in order to allow the doctor and staff to maintain your child's undivided attention.

1. **PLEASE REMAIN SILENT.** We ask parents to be "silent partners". In most cases, we simply ask that you do not speak to your child when the doctor and staff are speaking to your child. The more fearful or nervous the child is, the more silent the parent must be. If you have any questions about this concept, Dr. Lam and the staff will be happy to clarify with you.
2. You may hear Dr. Lam or his staff explain that "mom (or dad) can only stay in the room if you are a good helper". Teamwork and co-operation is critical to successful treatment. In order to establish an honest relationship with your child, you may be asked to leave. If you are asked to leave, please do not become upset. Leave the treatment room quickly and quietly. You need not go far, and you may be asked to return shortly thereafter.
3. Please try your best not to touch your child, especially during dental treatment.
4. Please be aware of your facial expressions at all times. A simple facial expression can cause unnecessary anxiety in your child.

Occasionally, Dr. Lam and staff may speak more firmly or sternly with your child in an effort to gain your child's attention. Taking a different tone of voice is in no way meant to be punitive. When used in the dental setting, voice control is a necessary, safe, and effective means to establish a positive and consistent relationship between your child and the dental staff.

Your child will be well cared for, and will more rapidly adapt to the office environment with your full cooperation.