



Pediatric Dental Safari

Amita Damani DDS, PA

Parent/Guardian Information

This page, and the “Informed Consents, HIPAA and Guarantor Agreement” form, can be filled out just once for all of your children, as long as the information is the same and each child’s name is written here.

Child’s Full Name: _____ Birthdate: _____ Sex M F

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Child’s Full Name: _____ Birthdate: _____ Sex M F

Parent or Guardian 1 (Insurance Policy Holder)

Full Name: _____ Birthdate: _____

Relationship to Patient(s): _____

Cellular Phone: _____ Email Address: _____

Home Address: _____

City _____ State _____ Zip Code _____

Employer Name: _____ Profession: _____

Parent or Guardian 2

Full Name: _____ Birthdate: _____

Relationship to Patient(s): _____

Cellular Phone: _____ Email Address: _____

Employer Name: _____ Profession: _____

Your Full Name: _____ Date: _____



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Informed Consents, HIPAA and Guarantor Agreement

Consent for Dental Treatment

I authorize the dentist to provide necessary dental care for my child, using professional judgment to ensure the best treatment. I confirm the information I've provided is accurate and understand it will be kept confidential. I will notify the office of any changes to my child's health. Treatment plans will be reviewed with me in advance, and my signature will serve as consent. Procedures may include exams, cleanings, fluoride, sealants, X-rays, fillings, extractions, and other necessary care. Risks, benefits, and alternatives will be explained, and I will have the opportunity to ask questions. I understand that unexpected conditions may arise and authorize the dentist to act in my child's best interest. I also acknowledge my right to refuse or withdraw consent at any time, except in emergencies. I affirm I have legal authority to grant this consent.

Patient Name(s): see "Parent/Guardian Information" form

Initials: _____

Informed Consent For Patient Management Techniques

State law requires your consent for specific dental treatments or techniques that may raise concerns. Informed consent means you understand the risks, benefits, and alternatives to make informed decisions about your child's care. This form outlines common behavior management techniques used in our office. Parents may accept or decline any technique. While we aim to provide the highest quality care, ideal cooperation from children is not always possible. Managing behavior safely and effectively is essential for successful treatment outcomes and to prevent injury to the child, staff, or doctor.

Tell-Show-Do: The dentist, hygienist or assistant explains to the child what is to be done using simple terminology and repetition. Demonstrations are performed on a model or the child's finger. Then the procedure is performed in the child's mouth as described.

Positive Reinforcement: The child is rewarded for displaying any beneficial behavior. Rewards can be compliments, praise, or a prize

Voice Control: The attention of a disruptive child is gained by changing the tone of the dentist's or assistant's voice.

Mouth Prop: A rubber or plastic device is placed in the child's mouth to prevent it from closing when a child refuses to open or has difficulty maintaining an open mouth.

Passive Restraint: A papoose blanket is used to keep the patient from making potentially dangerous, disruptive movements to enable the doctor to complete the necessary treatment.

Active Restraint: The dentist, assistant, or parent holds the child's head, hands, and/or legs to keep them from injuring themselves or others.

Sedation: Medication can be administered by inhalation, orally, or by injection to relax a child who does not respond to other behavior management techniques. This can be at mild, moderate, or deep levels.

Patient Name(s): see "Parent/Guardian Information" form

Initials: _____

Acknowledgement of Receipt of Notice of Privacy Practices (HIPAA)

Our Notice of Privacy Practices is available in paper form at our office, and online at: <https://pdsafari.com/hipaa.pdf>

Patient Name(s): see "Parent/Guardian Information" form

Initials: _____

Guarantor Financial Agreement

The Guarantor is the person financially responsible for the patient's dental care. This includes paying for all services, following office policies, and handling billing, insurance, and account balances. Estimated out-of-pocket costs must be paid before treatment. As a courtesy, we submit one clean claim per date of service to the patient's primary insurance. We do not bill secondary insurance. Any unpaid balance after 30 days becomes the Guarantor's responsibility and is due immediately. Late insurance payments will be credited to the patient's account and may be applied to future care or refunded upon request within 30 days. Insurance estimates are not guarantees. Final coverage is determined after treatment and billing. If insurance later cancels a payment, the Guarantor must pay the balance immediately. The Guarantor may follow up with the insurer but must not delay payment. I authorize direct payment to Pediatric Dental Safari and accept full financial responsibility for unpaid balances. By signing below, I confirm I am the Guarantor and agree to all financial terms and policies.

Patient Name(s): see "Parent/Guardian Information" form

Initials: _____

Your Full Name: _____ Signature: _____ Date: _____