



Letter of Welcome

Dear Parent,

We are excited to welcome you and your child to our dental practice. We love working with children because we believe that the prevention of dental disease and the establishment of good oral hygiene habits are essential in the development of a healthy smile. We know that a visit to the dentist can be frightening for some children, but with patience, empathy and education, we hope to avoid and conquer most dental fears. Your role as a parent is essential in preparing your child for their dental visit. Speak with them about coming to the dentist as a positive experience – never use it as a punishment. Please avoid phrases such as “it won’t hurt”, “I won’t let the doctor hurt you”, “shot”, “drill” or “needle”. This may cause unnecessary anxiety. Sometimes it is normal for a child to cry at the dentist, especially if it is new experience. If this happens, please do not be disappointed in your child, yourself, or us- we will simply respond with TLC and praise.

At your child’s first visit, you will be greeted by the receptionist and we will review your child’s medical history that you will have brought with you already completed. A dental assistant will guide you and your child to the treatment area and will introduce the equipment we may be using, such as the “magic wand” (dental explorer), “Barbie or Superman mirror” (mouth mirror), “Miss Sunshine” (dental light) and “Mr. Thirsty” (mouth suction). We will examine your child’s teeth and determine if x-rays and/or a cleaning is indicated. If any further treatment is necessary such as fillings or sealants, this will occur at a follow-up visit. You are invited and encouraged to accompany your child to their cleaning and “check-up” appointment. This allows you to meet the doctor and clinical staff, ask questions and learn which oral hygiene techniques your child might need to work on. However, if any dental treatment is required, we request that you allow your child to enter the treatment area by themselves. This allows your child to establish an uninterrupted relationship with the doctor and staff and allows them to gain confidence during dental treatment.

Your child’s appointment is scheduled for _____.
Should you need to change your appointment time, please give us a 24 hour notice so that we may offer this time to another child. Please remember to fill out the enclosed medical history noting that the consent must be signed by the child’s parent or guardian. If you are referred by another dentist, please have that dentist mail your child’s x-rays. We do accept many dental insurances and will assist in filing your claim. However, if any portion of the visit is not covered by insurance, we request that you pay the difference that day.

We are proud to be your child’s dental home and looking forward to your visit!

