

## Caldwell County Health Department Dental Clinic Policies

GOAL: The Caldwell County Health Department Dental Clinic has set the following goals:

1. Prevention of dental disease by patient and parent education, preventive clinical services, and community-wide public health programs and initiatives.
2. Treatment of dental disease at the clinic facility at the Caldwell County Health Department

### THE FIRST DENTAL APPOINTMENT:

1. A parent or legal guardian must complete medical history and treatment consent paperwork. Once this is completed, another individual may bring the patient to future dental appointments if a Transfer Consent form is completed by a parent or legal guardian. However, annual updates of the medical history and consent forms must be completed only by the parent or legal guardian.
2. The patient and/or parent will be taught proper tooth brushing, flossing and other prevention techniques.
3. Complete dental examination (including x-rays when needed).
4. Professional cleaning and fluoride treatment.
5. Parent/patient consultation concerning treatment needs.

### ALL ADDITIONAL APPOINTMENTS:

1. We expect our patients to arrive with clean teeth at each dental appointment. The instructions given at the first appointment should ensure this task.
2. Instructions and recommendations will be given to the parent and patient about the dental treatment accomplished at each appointment.

### CANCELED AND MISSED APPOINTMENTS:

**It is important for patients to come to all scheduled appointments and be on time. This allows more appointments to be available, so that your child can be seen more quickly.**

The following instances will result in your child not being able to be rescheduled at the dental clinic for 3 months. During this time only emergency care will be given.

1. 2 missed appointments
2. Canceling or rescheduling an appointment on the day of the appointment more than 2 times
3. If you are more than 10 minutes late for your appointment, we will be unable to see your child that day. This will count as a missed appointment.

### TREATMENT CONSIDERATIONS:

1. Special behavior and treatment needs may require referral to a specialist or other practitioners.
2. Copies of dental records will be forwarded to another dentist by written request.

*I have read the above information and my questions, if any, have been answered. If these clinic and general policies are not followed, I understand that my child may not receive dental treatment at the Caldwell County Health Department Dental Clinic.*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Dental Staff Initials*