

Inside this packet

- Patient and family information
- Who may bring the child and consent to treatment
- Dental insurance
- HIPAA privacy consent and how we may contact you
- Consent to treat a minor if a parent cannot come
- Financial policy and agreement to pay
- General consent for examination and treatment, including benefits, risks, and alternatives

Please complete every page in ink before the first visit. Bring insurance cards and a photo ID. Medical history is reviewed separately in the treatment area. X-ray and SDF forms may still be used when those treatments are recommended.

Office original · September 2026



Patient information

Today's date

Chart # (office)

Patient legal name

Preferred name

Date of birth

Sex

School / grade

Home address

City / State / ZIP

Home phone

Cell phone

Email

Reason for today's visit / concerns

Last dental visit (office and date)

How did you hear about us?

Brothers or sisters who are also patients here

Parents, custody, and who may bring the child

Parent / legal guardian 1

Full name

Relationship

Cell phone

Work phone

Email

Parent / legal guardian 2

Full name

Relationship

Cell phone

Work phone

Email

I certify that I am the patient's

☐ Mother☐ Father☐ Legal guardian☐ Other

I have legal custody of the child named in this packet

☐ Yes☐ No

I authorize Pediatric Dentistry East, P.C., Dr. Leanne Bowman, Dr. Amber Martin Bishop, Dr. Sue Nimer Young, and the dentists and staff they designate, to examine and treat the patient named in this packet.

Adults authorized to bring this patient and consent to treatment

List every adult who may bring the child and consent to care if you are not here. Except in a true emergency, we cannot treat a minor who arrives with someone who is not listed.

Name / relationship / phone

Name / relationship / phone

Name / relationship / phone

Emergency contact if different

Name / relationship / phone

If custody is shared or limited by a court order, attach the most recent order. The office follows the court papers on file. We do not mediate custody disputes.

Dental insurance

☐ No dental insurance — self-pay

Subscriber name

Relationship to patient

Subscriber date of birth

Subscriber SSN (if required by plan)

Employer

Insurance company

Group #

Member / ID #

Secondary insurance (if any)

I assign dental benefits to Pediatric Dentistry East, P.C. and authorize payment directly to the practice. I authorize release of information needed to process claims and coordinate benefits. Filing insurance is a courtesy. I remain responsible for balances the plan does not pay.

Parent / legal guardian — printed name

Relationship to patient

Parent / legal guardian signature

Date

Witness / staff

Date

HIPAA privacy consent

Our Notice of Privacy Practices explains how we may use or disclose protected health information. It also describes your rights under HIPAA. By signing you confirm you have been offered that notice and may review it before you sign.

The notice may change. If it does, we will make the current copy available and you may be asked to update this form at a later visit.

You may ask us to restrict how your information is used or disclosed for treatment, payment, or health-care operations. We are not required to agree to every restriction, but if we do, we will honor it. HIPAA still allows use and disclosure for treatment, payment, and health-care operations.

Signing also lets us use and disclose information as described in the notice, including de-identified photos in a publication only if you separately allow that. You may revoke this consent in writing. A revocation is not retroactive for disclosures already made.

By signing, I understand that:

- Protected health information may be used or disclosed for treatment, payment, or health-care operations.
- The practice may change its privacy notice as allowed by law.
- I may request restrictions; the practice does not have to agree to every request.
- I may revoke this consent in writing. Disclosures already made will stand.
- The practice may require this consent before starting non-emergency treatment.

How we may contact you

- | | | |
|--|------------------------------|-----------------------------|
| May we phone, email, or text to confirm appointments? | ☐ Yes | ☐ No |
| May we leave a message on a home or cell voicemail? | ☐ Yes | ☐ No |
| May we discuss this child's care with family members you name below? | ☐ Yes | ☐ No |

If yes, name the people who may hear information about this child

☐ I do NOT allow educational or marketing use of my child's photos.

Parent / legal guardian — printed name

Relationship to patient

Parent / legal guardian signature

Date

Witness / staff

Date

Consent to treat a minor if I am not present

Patient legal name

Date of birth

A parent or legal guardian must consent before we treat a minor. If a child comes for a non-urgent visit without a parent, guardian, or this signed page, treatment may be declined.

I consent to the following when I cannot be at the visit:

- ☐ Emergency or urgent care if I cannot be reached in time
- ☐ Routine care already discussed with me, which may include exam, cleaning, fluoride, X-rays, and other treatment I have already agreed to

You can reach me for questions at this number

I / We (print name)

authorize Pediatric Dentistry East, P.C. to treat the child named in this packet as checked above.

Parent / legal guardian — printed name

Relationship to patient

Parent / legal guardian signature

Date

Witness / staff

Date

Financial policy

We will work with your dental plan and file claims as a courtesy. We can only estimate what insurance will pay. An estimate is not a guarantee. You are responsible for the patient portion when services are rendered.

Divorce / separation / two-household payment

The parent or guardian who brings the child is responsible for payment and co-payments that day. You must make your own arrangements with the other parent or any other responsible party. Pediatric Dentistry East, P.C. does not collect from the other parent for you.

Agreement to pay

I accept the fees charged as a lawful debt and agree to pay them, including collection-agency fees of thirty-three and one-third percent (33 1/3%), attorney fees, and court costs if collection becomes necessary. I waive any exemption that may be available under the Constitution or laws of Alabama or any other state, to the extent the law allows that waiver.

Consent to contact you by phone, text, or email

To service this account or collect amounts owed, Pediatric Dentistry East and its agents may call any number associated with the account, including a cell phone, which may result in charges to you. We may also send texts or emails using addresses you give us. Contact may include prerecorded or artificial voice messages and automatic dialing, as the law allows. I have read this disclosure and agree that the practice, its employees, and its agents may contact me as described.

A missed visit without 24 hours' notice, or a same-day cancellation, may be charged a fee.

Packet acknowledgment

- I have completed this packet truthfully. I will tell the office if anything changes.
- I have been offered the Notice of Privacy Practices.
- I have read the financial policy and agree to pay as stated.
- The last pages of this packet are the general consent for examination and treatment.

Parent / legal guardian — printed name

Relationship to patient

Parent / legal guardian signature

Date

Witness / staff

Date

Informed consent for pediatric dental treatment

Please read this carefully and ask about anything you do not understand. Every child is different. A visit may include an examination, radiographs, and any of the treatments below that the dentist finds necessary.

I authorize Dr. Leanne Bowman, Dr. Amber Martin Bishop, Dr. Sue Nimer Young, and the dentists and auxiliaries they choose, to perform on my child or legal ward the dental treatment they determine is appropriate, including:

- Examination and radiographs (X-rays)
- Cleaning and topical fluoride
- Sealants
- Silver diamine fluoride (SDF)
- Local anesthetic and nitrous oxide / oxygen
- Fillings, crowns, and nerve treatment
- Extractions
- Treatment of injured or diseased oral tissues
- Space maintainers or other appliances
- Postponing treatment when that is the safer choice

Recommended treatment, alternatives, and the advantages and risks of each have been or will be explained before that treatment is done. No result is guaranteed. Unforeseen findings may require a different plan. Delaying recommended treatment can allow infection, pain, abscess, damage to developing permanent teeth, or space loss that later needs orthodontics.

Behavior guidance

Pediatric dental visits use age-appropriate behavior guidance. Techniques may include tell-show-do, positive reinforcement, voice control (firm, calm direction), mouth props, and nitrous oxide / oxygen when indicated. Protective stabilization is not used without a separate discussion and written consent for that visit, except as needed to prevent immediate injury.

I agree to remain in the office while my child is treated. If I leave the building, treatment may be stopped.

Treatments — benefits, risks, and alternatives

This table is a summary. Your dentist will discuss the options that apply to your child before treatment.

Treatment	Advantage	Risks / disadvantages	Alternatives
Dental examination	Complete diagnosis	A second exam the same year may not be covered by insurance	No treatment
Radiographs (X-rays)	Find decay, infection, cysts, and growths that cannot be seen in the mouth. Early diagnosis can save teeth and reduce cost and pain.	Very low radiation, especially with digital sensors (about a few hours of ordinary sunlight)	No radiographs — disease may be missed
Cleaning	Removes plaque and calculus	Gums may be sore if there is heavy buildup or inflammation	No treatment
Fluoride	Reduces cavities; helps early enamel repair	Taste / texture; occasional gagging	No fluoride
Silver diamine fluoride	Stops or slows decay; quick; no drill	Permanent dark stain on treated decay; may need repeat visits; not always covered	Restore or extract the tooth
Sealants	Resin barrier on chewing grooves of back teeth	Not permanent; can wear or chip; do not stop decay between teeth or gum disease	No sealants; closer watch
Nitrous oxide	Reduces anxiety; makes the visit easier	Nausea; rare restroom accident while relaxed; irritability; not used in pregnancy	No nitrous; oral sedation or hospital anesthesia if needed
Local anesthetic	Numbs the area; controls pain and bleeding	Swelling, bruising, cheek or lip biting, sore injection site. Rare: allergy or temporary nerve irritation	Treat without anesthetic (not recommended)
Mouth prop	Rests the jaw; protects tissues; better view	Uncomfortable for some; can pinch the lip if the child bites incorrectly	No prop
Rubber dam	Keeps the tooth dry; reduces swallowed material	Uncomfortable for some; brief gum soreness	Cotton isolation

Treatments — benefits, risks, and alternatives (continued)

Treatment	Advantage	Risks / disadvantages	Alternatives
Composite (white) filling	Matches tooth color; conservative prep	May stain, chip, or wear; needs a dry field; tooth may be sensitive	Watch, SDF, amalgam, crown, or extraction
Amalgam (silver) filling	Strong in a moist field; long track record; ADA-accepted	Silver color; can fracture and need replacement	Watch, SDF, composite, crown, or extraction
Stainless steel crown	Strong coverage for badly broken or nerve-treated baby teeth; best chance the tooth lasts until it is ready to come out	Silver color; may need replacement if the child chews sticky or hard foods	White crown in select cases; extraction and space maintainer
White / zirconia crown	Tooth-colored	Shade may not match exactly; often a higher fee; many plans do not cover the difference	Stainless steel crown; extraction
Nerve treatment (pulpotomy, pulpectomy, pulp cap)	Treats deep decay; can save the tooth and reduce pain and infection	If the tooth is too damaged it may abscess and then need antibiotics, extraction, or hospital care	Full root treatment or extraction
Extraction	Removes the source of pain or infection; sometimes needed for crowding	Pressure, bleeding, swelling; space loss; rare dry socket or fracture	No alternative for a non-restorable baby tooth. A badly infected permanent tooth may need a specialist root canal
Space maintainer	Holds space after an early baby-tooth extraction so the permanent tooth can erupt in a better position	Must be worn until the permanent tooth erupts; can loosen with sticky food or fingers; decay can form if it is not kept clean	Orthodontics later if teeth drift

Treatment-consent acknowledgment

- I have read this consent, or it has been read to me. My questions about procedures and the treatment plan have been answered.
- I understand I may ask more questions at any time during my child's care.
- I have been offered a copy of this packet.
- This consent remains in effect for continuing care of the named patient unless I revoke it in writing, except for care already given.

Parent / legal guardian — printed name

Relationship to patient

Parent / legal guardian signature

Date

Doctor signature

Witness / staff

This packet documents registration and informed consent. It is not a treatment plan and does not guarantee a result.