PDG

Pediatric Dental Group Inc.

Welcome

We welcome you and your child to our practice. We appreciate the opportunity to apply our care, skill and judgment to your child's total dental needs. Recognizing that our office represents a new experience for you and your child, we offer the following information about our office.

Our Goals

We hope to relieve any anxiety that you and your child have about dental care. In this way, your child can look forward to a lifetime of pleasant dental experience rather than phobias about dental care.

We hope to share our beliefs about preventive dentistry with you and your child. We believe that most dental disease is preventable by sensible eating patterns, thorough oral hygiene, proper use of fluoride and appropriate preventative dental procedures. In this way we look forward to having our patients develop with healthy, well kept mouths and with a positive outlook towards dentistry so that they may enjoy a lifetime of good dental health.

Appointments

We have adopted certain guidelines which promote the most cooperation from children undergoing dental care.

1. Younger children (pre-schoolers) are best seen in the morning while they are fresh.
2. Children requiring premedication (sedative) to relieve anxiety are preferably also seen in the morning.
3. We do our best to honor your appointment time, but periodically unexpected child behaviour patterns can result in our running behind schedule, so we hope you will be understanding in such circumstances. Please allow yourself adequate time for parking so that your child has ample time to acclimatize to the office environment prior to their appointment.
4. Since we only see children and adolescents, it is impossible to see everyone before or after school. We will be happy to sign an "excuse from school" form upon request.
5. The appointment time is reserved especially for your child. A cancellation or change should be made at least 48 hours in advance, so that we may offer that time to another patient in need. Short notice cancellations and missed appointments may be subject to a charge.
6. At the Initial Visit our staff will review the health form. Your child will be introduced to our dental team and allowed time to see the office and become comfortable before the examination. Following the exam, findings and recommendations will be discussed. You will be given an **estimate** of cost of treatment and additional services will be scheduled for a later time.

Please See Reverse

Suite 200, South Tower
650 West 41st Avenue
Vancouver, B.C. V5Z 2M9
Pediatric Dentistry: 604-263-2422
Orthodontics: 604-263-2727
Fax: 604-263-3710

Unit 101, 2973 Glen Drive
Coquitlam, B.C. V3B 2P7
Pediatric Dentistry: 604-945-8978
Orthodontics: 604-945-9978
Fax: 604-945-8454

Certified Specialists in Pediatric Dentistry
Donald W. Scheideman Inc.
Anabel R. Chan Inc.
M-Reza Nouri Inc.
Louisa Y. Leung Inc.
Carter K. Ng Inc.
Bradford W. Scheideman

Certified Specialists in Orthodontics
Donal C. Flanagan Inc.
Christian A. Wong Inc.
Todd R. Moore Inc.

Suite 107, Sunshine Village
6345 120th Street
Delta, B.C. V4E 2A6
Pediatric Dentistry: 604-599-9038
Orthodontics: 604-599-9036
Fax: 604-502-7927

Suite 230, 6180 Blundell Road
Richmond, B.C. V7C 4W7
Phone: 604-271-4211
Fax: 604-271-8232

www.PDGdental.com

Radiographs

Depending on need, dental x-rays may be taken to determine your child's present dental condition.

WE ASK THAT YOU READ THIS SECTION CAREFULLY, PLEASE FEEL FREE TO HAVE US CLARIFY ANY POINTS OF MISUNDERSTANDING.

Insurance

We are happy to assist you in claiming benefits which you may be entitled to under your dental insurance. Since insurance policies vary considerably please be sure that:

1. You know what your benefits are before you start treatment.
2. You understand not all procedures required for your child may be covered by your dental insurance.
3. Your insurance carrier is responsible to you as set out in your policy and not to us.
4. There is a differential between our specialty fee and those fees provided by your insurance company which are in the general practitioners fee guide. Specific information or an estimate may be obtained from our receptionist responsible for accounts.

Payments

Payment for dental services are due when rendered. In the case of financial hardship please notify our receptionist for accounts and we shall attempt to establish suitable arrangements. Interest may apply to overdue accounts payable at a rate of 2% per month (26.8% per annum).

Authorization

1. I authorize treatment or procedures as, in the opinion of the dentist, are necessary. The treatment may include: dental x-rays, cleaning and fluoride, white fillings (resin composite), silver fillings (amalgams), composite crowns, stainless steel crowns, ziroconium crowns, nerve treatments (pulpotomies), extractions and spacers. The type of treatment and materials used are dependent on the location and size of the cavities.
2. I authorize the release of any records that are relevant to the processing and payment of dental insurance claims held by the service provider.
3. I authorize the electronic submission of dental claims to my insurance company (where applicable).
4. I understand this office collects personal information for the safe and efficient delivery of dental treatment and complies with provincial privacy legislation. It is understood that during the course of dental treatment, consultation with other medical and dental specialists may be required. With respect to any such consultation for the benefit of the patient, it is agreed that the identity of the patient, information relative to the patient's treatment, and the patient's records may be disclosed and made available to any other medical or dental specialists that are consulted. In addition, permission is granted for use of the patient's records for other consultations and for professional education and publication, so long as reasonable precautions are taken to guard against the disclosure of the patient's identity.

I_____ have read this letter and understand its content.

Signed_____

Dated_____