

OFFICE HOURS BY APPOINTMENT

Monday through Friday 8:30am-4:30pm.
Call: (203)248-5742.

DIRECTIONS:

From I-91 take Exit 10 to Exit 1 (State St.- Dixwell Avenue.) Turn left off exit ramp onto Devine Street. At intersection, turn left onto Hartford Turnpike. At next light, turn right onto Dixwell Avenue. Follow Dixwell Ave. to the fourth light, then turn left onto Whitney Avenue. The entrance to Hamden Surgical and Medical Center's is .2 miles beyond the second light.

From Parkway-Southbound, take Exit 61 Turn Right onto Whitney Avenue. Continue .4 mile on Whitney Avenue. The entrance to the Hamden Surgical and Medical Center will be to your right.

From Parkway- Northbound, take Exit 61, Whitney Avenue, and turn Left off the ramp onto Whitney Avenue. Continue .4 mile on Whitney Avenue. The entrance to the Hamden Surgical and Medical Center will be to your right.

Our office is located on the second floor (accessible by either elevator or stairs), **suite 270.**

Children's Dental Associates of Hamden
Hamden Surgical and Medical Center
2080 Whitney Avenue
Suite 270
Hamden, CT 06518



Hisako Seignemartin, D.D.S.

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(203) 248-5742
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www.ctkidsteeth.com

Welcome!

Thank you for choosing our practice for your child's dental needs. We specialize in treatment of infants, children and young adults. Our goal is to achieve a trusting, long-lasting relationship with you and your family by providing high-quality dental care and positive treatment experiences for your child. We are educated and experienced in pediatric dental care from infancy through adolescence, including treatment of patients with special-needs, and provide special services such as nitrous oxide sedation, dental sealants, custom sport mouth-guards, hospital services (general anesthesia), dental trauma and emergency call.

As we get acquainted, please ask questions and share your thoughts with us. We work hard to anticipate your needs, but input from you and your child will help us to provide a better and more personalized service

FIRST VISIT

A child's first visit typically includes review of medical and dental histories, thorough cleaning and examination of teeth and gums, a comprehensive examination by the doctor including oral cancer screening, and instruction in oral hygiene techniques. We'll discuss your child's oral health with you and make treatment and/or home care recommendations as needed. Following the examination we may complete fluoride treatments and take x-rays needed to diagnose decay.

Please fill out the our patient Medical and Dental Information /Health Questionnaire and Account Information Forms completely and bring them with you to the appointment. If you have dental insurance coverage, also bring plan information (plan and card numbers). Forms can be downloaded from our website or mailed to you in advance upon request.

EMERGENCY CARE

We sincerely hope your child never experiences a dental emergency but are equipped to respond quickly and compassionately should one arise. During regular business hours, please contact us immediately. After hours, call 248-5742 to hear a message with directions for contacting the doctor on call.

PREVENTION

Our goal is to prevent oral disease wherever possible, and to motivate your child to take responsibility for a bright, healthy smile. To this end we stress measures including home care, adult assisted where necessary, application of protective sealant coatings, fluoride supplements and in-office treatments as needed, as well as cleaning recall visits at regular intervals. The American Academy of Pediatric Dentistry recommends a dental check-up at least every 6-months, more often if your child has unusual growth patterns, poor oral hygiene or is at risk of early tooth decay.

FEES AND PAYMENT

Payment is required at time of service. We accept payment cash, local checks, MasterCard, Visa and Discover, and American Express, and payment plans may be arranged through Care Credit.

INSURANCE

If you have dental insurance, please bring all plan information (plan and card numbers) with you to your first visit. With this information, we can submit claims for you electronically to most carriers following each visit.

Even "full pay" dental insurance will not ordinarily cover the entire cost of your child's care. Most plans include coinsurance, a deductible, and other expenses to be paid by the insured. You will be expected to pay the portion which is your responsibility, if any, at the time of service. Please make sure to stop and check out with our office staff as you leave.

APPOINTMENTS

We try to be on time, and ask that you do the same. If you arrive late we reserve the right to reschedule or cancel your appointment. Schedule changes affect many people. If cancellation is unavoidable, we ask that you give our office at least two business days' notice. A \$50 fee may be charged for failure or cancellation with insufficient notice.

When setting appointments we try to meet your child's particular needs. Young, apprehensive, or special-needs children, for example, may benefit greatly from placement in the morning when coping skills are at their best. Please call well in advance so we may arrange an optimal time for your child to be seen.

At each visit, please notify us of any change in your child's medical condition and/or medications taken. Also let us know of any changes in address, telephone number, employment or insurance coverage.