

Welcome to LeBlanc & Associates Dentistry for Children

A Guide for Your Child's Dental Health



LeBlanc & Associates

DENTISTRY FOR CHILDREN

WELCOME & PHILOSOPHY



Dr. Michael LeBlanc and our board certified pediatric dentists welcome you and your family to our extended family of patients. High quality dental care and patient comfort are our goals. We are committed to helping your child receive the best possible dental care in a comfortable and friendly environment.

We pledge to give your child a great start for a lifetime of excellent dental health. It is our goal to partner with you to ensure your child's optimal oral health, both in our practice and at your home. Our dental care techniques use the most current and progressive methods supported by accepted research.

Our pediatric dental team actively participates in continuing dental education to assure that we remain current and practice at the highest level.



PEDIATRIC DENTAL SERVICES

Dr. LeBlanc and his staff are pleased to offer dental services for infants, children and adolescents. Pediatric dentistry is an area of specialization that focuses on the treatment of children from birth to adolescence with a concentration on growth, development, and behavioral guidance for both healthy and special needs children. Our doctors are specially trained to care for children using methods that promote strong foundations in prevention and at home care. Prevention and education are important in our practice. We understand the need to educate you on how to take charge of and protect your child's oral health. Our doctors and staff are always available to answer questions about your child's dental needs and the services we can provide for your child's ideal treatment. We offer a wide range of services to meet the needs of your child, including:

**Comprehensive Examinations
Diagnostic and Preventative Services
Restorative Procedures
Cosmetic Procedures
Surgical Procedures
Emergency Care
Habit & Athletic Appliances**

DENTAL CARE BASICS FOR YOUR CHILD



Preventing Cavities

Cavities are caused when plaque sticks to a tooth and creates an acid that can dissolve your tooth's enamel and cause a hole or cavity. Untreated tooth decay can lead to pain, loss of teeth, or confidence. An untreated cavity can lead to an abscess (dental infection).

Tooth decay can be prevented with proper oral care. Starting your child's dental care when their first tooth arrives, having your child visit the dentist for regular cleanings, fluoride treatments, and sealants to prevent tooth decay can save money and reduce the need for further treatment.

HOW TO BRUSH

Getting your child to brush their teeth can be quite a challenge.

Whether you are getting your child ready before school or winding down before bedtime, motivating your child to brush their teeth is no easy task.

Lead By Example

Brush your teeth at the same time that your child does to encourage the proper techniques brushing for two minutes, twice a day.

Start Early

Familiarize your child with brushing and dental hygiene at a young age. Explain to them the importance of good dental hygiene as you teach them about their mouth and how to take care of it. The more comfortable your child is with brushing their teeth, the more responsive they will be.

Brush in Style

Let your child choose their own toothbrush. It could be your child's favorite color, cartoon character, or super hero. Having a toothbrush that your child will love encourages that brushing is a fun activity, and they will be more likely to use it.

Have Fun

What better way to brush your teeth than by making it fun for everyone? Turn it into a game! Play Simon Says. Add music and sing along to the ABC's or your favorite song. Use a timer to "beat the clock" or download an app that plays songs to brush to. Who said brushing your teeth had to be boring?

WHY FLOSSING IS IMPORTANT

The American Dental Association recommends flossing between teeth daily. Cleaning between your teeth may help prevent cavities and gum disease. When your child routinely flosses, it helps minimize a leading cause of tooth decay, known as plaque. Plaque is a sticky film on the teeth that contains bacteria. Plaque feeds off the foods and sugars in your mouth, releasing an acid that can eat away the enamel of your teeth which causes tooth decay. Plaque easily hides in between the teeth where the tooth brush cannot reach. However, paired with daily brushing, flossing will reach the hiding plaque and can greatly help maintain your child's oral health.

How Can Flossing Help?

Flossing between your teeth can help remove the leftover food that brushing may not be able to reach. Each tooth has five surfaces to clean, but without flossing you are leaving at least two of those surfaces untouched. Flossing is the only tool that can clean and remove food particles from those spaces in between your teeth and around your gum line where your toothbrush cannot reach.

When Should My Child Start Flossing?

Typically, children are not able to thoroughly floss their own teeth until the age of 10 or 11. But, you should begin to floss your child's teeth for them as soon as two teeth start to touch each other. Flossing is habitual and it is important to teach your child the importance of flossing and to begin incorporating it in your child's daily hygiene routine.

What Type Of Floss Should My Child Use?

Younger children may also use flosser picks to ease the process. If your child has braces, they may also use a floss threader, which looks like a plastic sewing needle, to get underneath wires and retainers. They can be easily found where any dental hygiene products are sold. If your child is prone to decay between their teeth, you may also dip your floss in fluoride mouthwash to help clean around the teeth and get fluoride in between those hard to reach areas. A water pick can also help reach those areas, especially if your child has braces, bridges, or crowns. However, a water pick should not replace flossing, but rather be used in addition to flossing.

Is It Normal For Gums To Bleed While Flossing?

Your child may experience bleeding of the gums when flossing, which can be normal if flossing is not a daily habit for you or your child. The more you floss, the less bleeding you should experience. Flossing, can in fact, improve the health of gums and keep them from bleeding in the future. If the gums remain sore after flossing, a warm salt water rinse is recommended to help ease the pain.

DENTAL VISITS



Regular dental visits are essential for your child's healthy smile. During a visit, the dentist will check your child's mouth for gum and tooth health. The dentist will monitor x-rays for growth and development, as well as tooth alignment and bite. Your dentist can also recommend proper brushing and flossing techniques.

The American Dental Association recommends your child be seen by the dentist for regular cleanings and checkups every six months, unless trauma or injury requires an emergency visit.

FLOURIDE

Fluoride is a compound containing the natural element fluorine. It works by inhibiting the loss of minerals in tooth enamel and strengthening areas that are weak and developing cavities. It also affects cavity-causing bacteria, limiting the acid attacks that break down teeth.



SPECIAL TIPS FOR THE GROWING YEARS: BIRTH TO AGE SIX



BABY'S FIRST TEETH

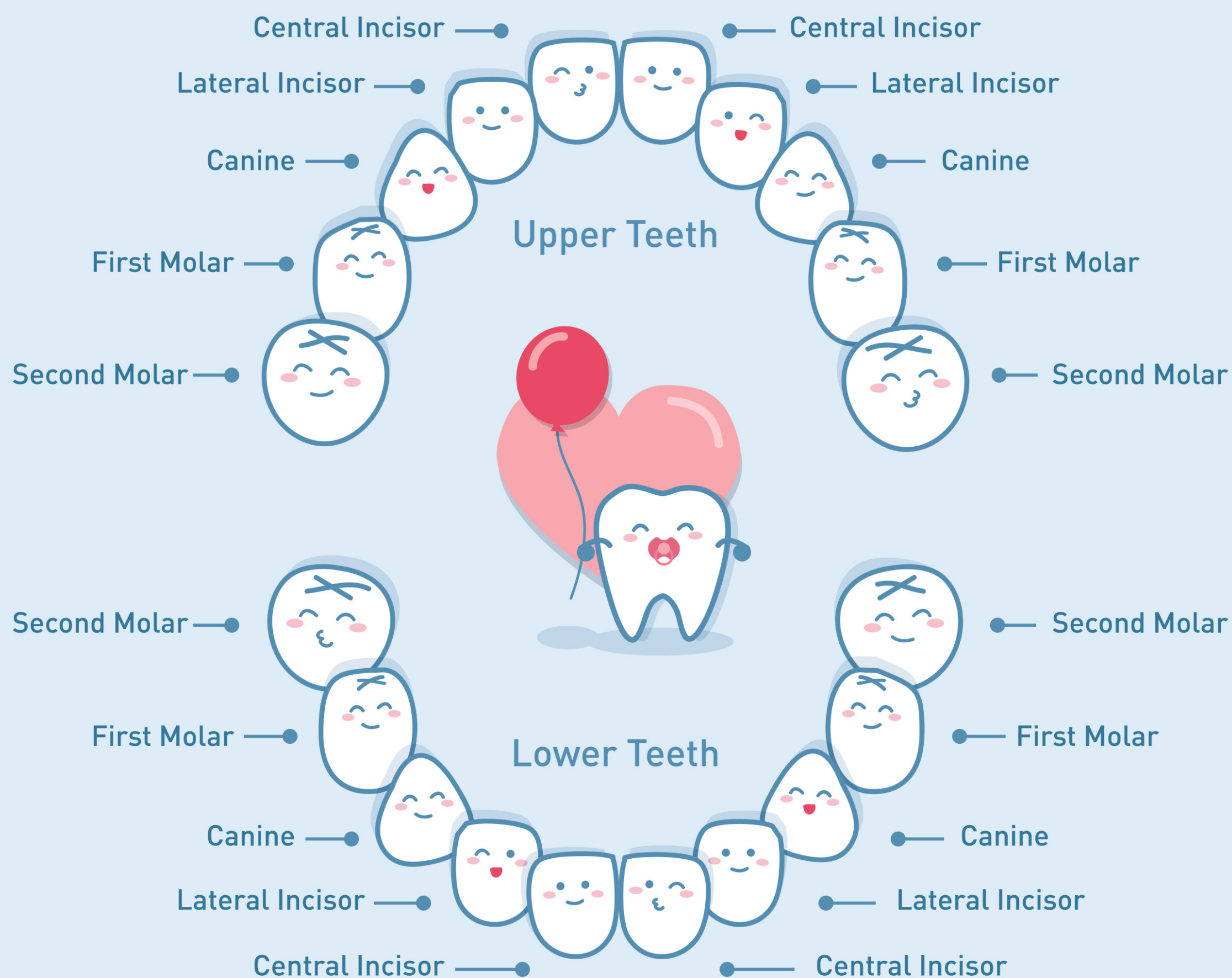
For many parents, a teething infant can be quite a challenging and exciting experience. While there are a few initial obstacles to overcome, it's an important part of your child's development. A baby's 20 primary teeth are already present in the jaws at birth and typically begin to appear when a baby is between 6 months to 1 year. Most children have a full set of 20 primary teeth by the time they are three years old.

TEETHING TIPS

To help with this discomfort and pain, you can give your baby a firm, rubber teething ring to chew on. Avoid liquid-filled teething rings or any plastic objects that might break. You can also gently rub your child's gums with a wet washcloth. Cool or soft foods are ideal during the teething stage. If it seems to help, you can also give your child a bottle with cool water, but avoid using formula, milk, or juice for comfort as they can all contribute to decay.

BABY TEETH ORDER OF APPEARANCE

Baby Tooth Eruption Chart



PREVENTING TOOTH DECAY EARLY ON



DECAY IN BABY TEETH

Tooth decay can begin as soon as a baby's teeth come in. Untreated decay in baby teeth can lead to cavities and cause pain or infection.

You can start your child's oral care even before the first tooth erupts. Start by rubbing your baby's gums with a warm washcloth or even give them a small soft bristle tooth brush to chew on.

The American Dental Association (ADA) recommends your child should be seen for their first dental visit once the first tooth comes in or by the age of 2.

SPECIAL TIPS FOR THE TRANSITION YEARS: AGE 6-12



CHANGES TO EXPECT IN YOUR CHILD'S SMILE

As children grow, their jaw and mouth shape may change. At age five or six, children will begin to lose their front teeth. Between the ages 6 to 12, they will usually lose all 20 baby teeth. By the age 12 to 14, most children have all their adult teeth except their wisdom teeth.

ADULT TOOTH CHART

UPPER RIGHT:

- 1. 3rd Molar / Wisdom tooth
- 2. 2nd Molar
- 3. 1st Molar
- 4. 2nd Premolar
- 5. 1st Premolar
- 6. Cuspid
- 7. Lateral Incisors
- 8. Central Incisors

LOWER RIGHT:

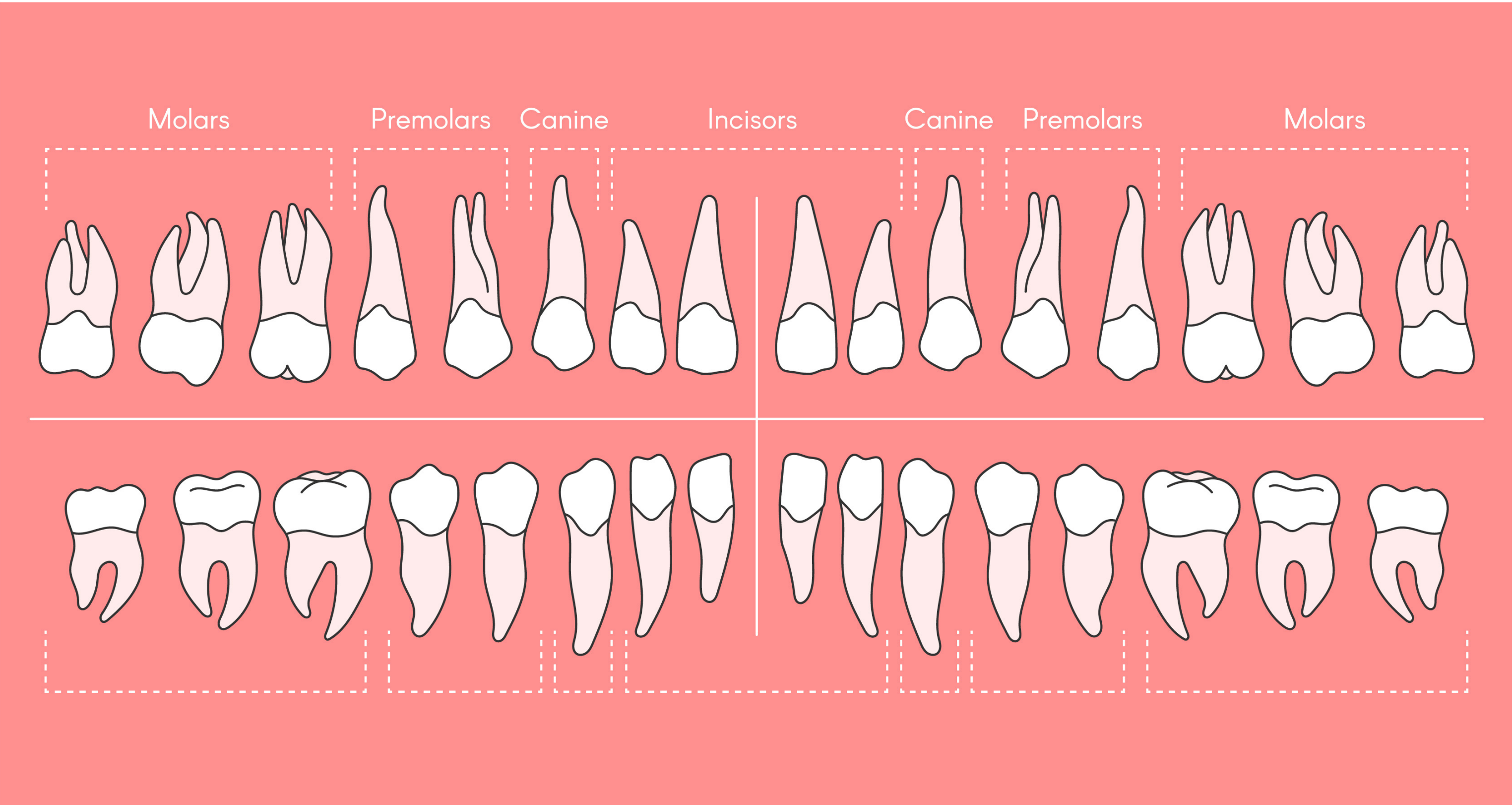
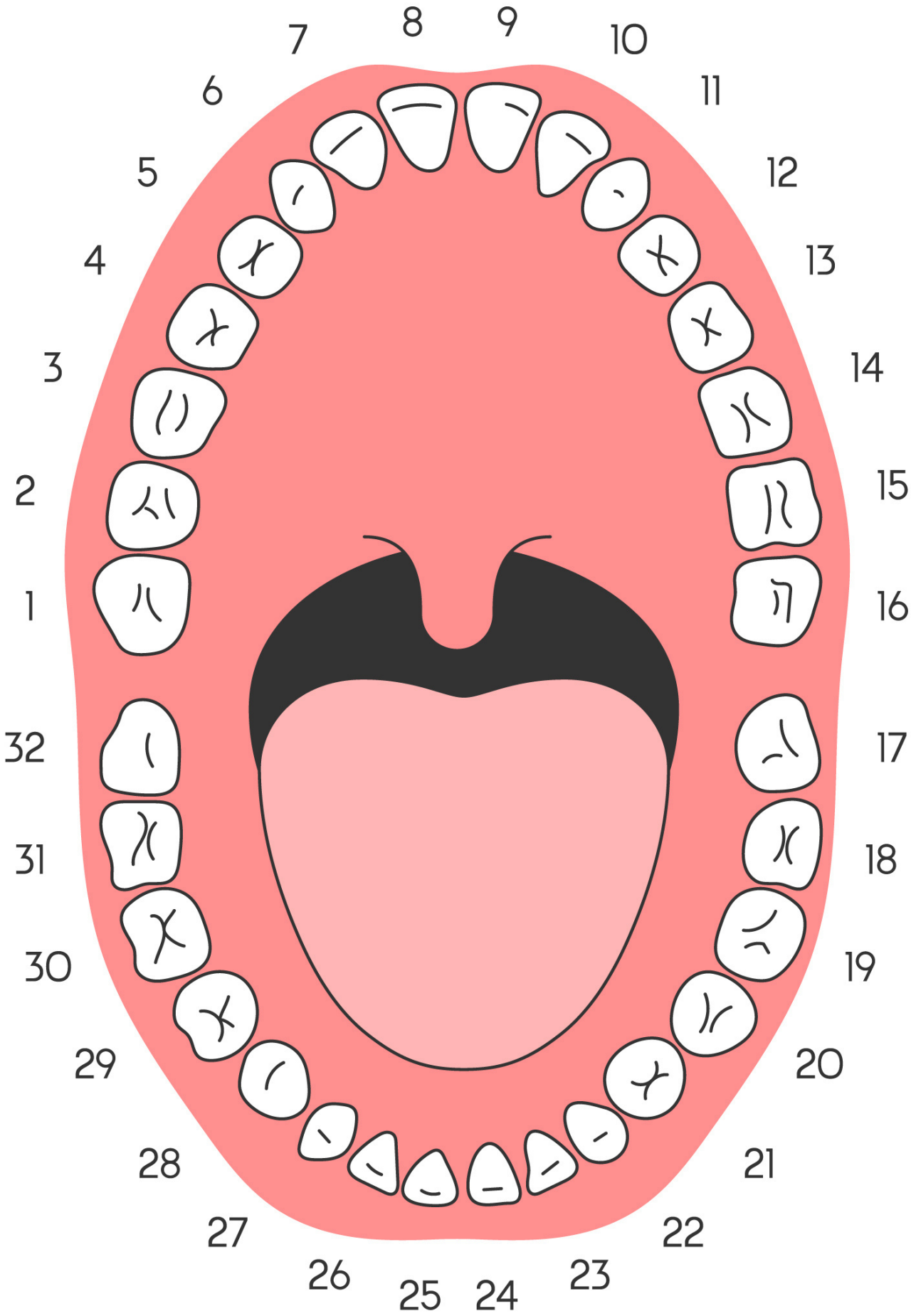
- 25. Central Incisors
- 26. Lateral Incisors
- 27. Cuspid
- 28. 1st Premolar
- 29. 2nd Premolar
- 30. 1st Molar
- 31. 2nd Molar
- 32. 3rd Molar / Wisdom tooth

UPPER LEFT:

- 9. Central Incisors
- 10. Lateral Incisors
- 11. Cuspid
- 12. 1st Premolar
- 13. 2nd Premolar
- 14. 1st Molar
- 15. 2nd Molar
- 16. 3rd Molar / Wisdom tooth

LOWER LEFT:

- 17. 3rd Molar / Wisdom tooth
- 18. 2nd Molar
- 19. 1st Molar
- 20. 2nd Premolar
- 21. 1st Premolar
- 22. Cuspid
- 23. Lateral Incisors
- 24. Central Incisors



DENTAL SEALANTS

WHAT ARE DENTAL SEALANTS?

Dental sealants are plastic coatings placed on the chewing surface of the permanent back molars. This is the area where tooth decay most often occurs, and the sealants help “seal out” food particles and plaque that might cause decay in the deepest groove areas.

WHEN SHOULD THEY BE PLACED?

Sealants are usually placed on the first permanent molar as soon as the chewing surface has completely emerged from the gum. Because tooth decay can begin early in life, it is important for children and teenagers to get sealants once their permanent teeth come in. That way, the sealants can protect your child’s teeth throughout the cavity-prone years of 6-14.

WHAT DO THEY LOOK LIKE?

Sealants can be clear, white or slightly tinted, depending on what type of sealant is used.

HOW ARE THEY PLACED ON MY CHILD'S TEETH?

Placing sealants on teeth is a simple, painless process. The tooth is thoroughly cleaned with paste and a rotating brush. The tooth is then washed and dried. Cotton or another absorbent material will be placed beside the tooth to help keep it dry during the sealant process. An acidic solution is placed on the tooth for several seconds before being rinsed off. This solution helps the sealant bond to the tooth. The tooth is rinsed and dried once again. The dental sealant is painted on the tooth enamel where it will bond with the tooth and harden, then we use a special curing light that helps the sealant harden quickly.

HOW LONG DO DENTAL SEALANTS LAST?

Dental sealants can last a long time- up to 10 years. However, it is still important to have them checked during your child’s regular check-ups to be sure that none of them have chipped or worn away. If a sealant becomes damaged, it can be removed and replaced with a new one. Most insurance companies cover the cost of sealants, so check with your dental insurance carrier to see if sealants are covered by your plan.

DENTAL RESTORATIONS



Your child should have a comprehensive dental examination regularly, which includes a thorough examination of the teeth and gums. We use the findings from our examination to formulate a complete diagnosis and comprehensive treatment plan for your child.

Recommendations for treatment are explained at a consultation time set aside specifically for you and your child. The consultation can take place during the initial appointment or can be scheduled as a separate appointment at the doctor's request. Our goal is to ensure that you receive the best possible information concerning your child's treatment options. The time we invest in patient education enables us to deliver the best possible outcome for your child's dental treatment.

COMMON DENTAL RESTORATIONS:

FILLINGS

Fillings are a common treatment for cavities. To add a filling, our dentist will remove the decayed portion of the tooth. Then, a silvery alloy or a composite resin fills the hole. We use the most current methods and materials to restore a cavity with a filling.

CROWNS

If a tooth has significant decay, it may require a crown rather than a filling. The dentist will remove the damaged portion of the tooth, and then they fit it with a crown made of metal, porcelain, or porcelain fused to metal.

PULPOTOMIES

If the root or pulp of your child's tooth is dead, the dentist will need to remove the nerve, tissue and blood vessels, along with the decayed portion of the tooth. A sealing material will be used to fill in the roots of the tooth, and a crown may be required to cover the filling. This procedure is utilized to save baby teeth with large cavities affecting the nerve and a crown is usually required to cover the nerve treatment as a restoration.

DENTAL X-RAYS



We are constantly striving to provide our patients with the finest dental care available. Our investment in advanced technology means a long-term investment in your future, because state-of-the-art technology invites informed decision-making and enables parents to make wise choices concerning their child's oral health. Our board certified pediatric dentists offer the latest dental technologies for your child's benefit.

X-rays assist in the detection of cavities between the teeth that may not be visible in the mouth. Cavities that are just beginning can also be detected earlier on an x-ray so that your child's treatment becomes less invasive and costly. This form of computerized radiography uses a standard dental x-ray generator as its radiation source. Digital radiography reduces radiation exposure by 80-90%. An intra-oral sensor that is placed in the mouth collects the image. The color capabilities show our patients more meaningful pictures than black and white. The "zoom" capabilities allow our patients to view localized areas for a better understanding of their diagnosis.

WHAT ARE THE DIFFERENT TYPES OF X-RAYS?

PERIAPICAL

A periapical image is used to look at one or two teeth at a time. While similar to a bite-wing, a periapical shows the entire length of the tooth and can be used to find problems below the gum. A periapical can be used to diagnose impacted teeth, abscess, cysts and or other problems.

BITE-WING

Bite-wings highlight the crowns of the back teeth. One or two bite-wing images are typically taken on each side of the mouth and show the upper and lower teeth in one image. Bite-wings can be used to detect decay between teeth.

PANORAMIC

A panoramic x-ray shows the entire mouth in one image. A panoramic x-ray can detect positions of unerupted teeth, abscesses and other problems. They are also used for planning orthodontic treatment and to evaluate growth and development.



TIPS FOR EASING CHILDREN'S FEAR OF THE DENTIST

We love to make kids smile! That's why your child's experience at LeBlanc & Associates is important to us! As board certified pediatric dentists, our friendly staff provide a fun, educational atmosphere for the whole family to enjoy. It is perfectly normal for children to be anxious about visiting the dentist. As specialists in pediatric dentistry, we focus specifically on providing gentle care to children. Here are some tips that can help alleviate your child's fears prior to their dentist appointment:

Watch Your Words

Word choice could have an impact on how your child views the dentist. Don't use words that could cause your child fear, such as "shot", "hurt" or "pain". Instead, focus on simple words like "clean", "healthy" or "smile". As board certified pediatric dentists, we are experienced in dealing with children with anxiety. We can describe dental tools and procedures in a positive manner to avoid any anxious or negative feelings your child may have towards the dental office.

Role play

To reduce the stress and fear of your child's upcoming appointment, consider role playing a "dentist visit". This helps kids become more familiar with what happens at a dental office. Set up a "dental chair" in your kitchen. Pretend to be a dentist as you "examine" your child's teeth. A spoon makes a great pretend mirror. Check your child's mouth and count their teeth. Keep it simple. Make it fun! At the end of the visit, you can always reward your child with a sticker for their good behavior.

Come Say Hello Before Your Appointment

Bring your child in our office for a pre-visit. Our expert staff will gladly give your child a tour and make your family feel comfortable and welcomed. This visit not only familiarizes your child with our facility and staff members, it also builds trust and helps relax the child during future visits.

NUTRITION

Nutrition is an extremely important part of good dental hygiene. Some foods are particularly helpful and others may cause problems.

SNACKS TO ENJOY



CHEESE

Cheese has high levels of phosphate and calcium, which naturally strengthen teeth and bones, but it also helps balance the pH level in your mouth, which means less harmful acid.



APPLES

Like other crisp, raw vegetables and fruits, apples can also gently remove plaque trapped between teeth. They gently cleanse the teeth of any build up that may be occurring.



CARROTS

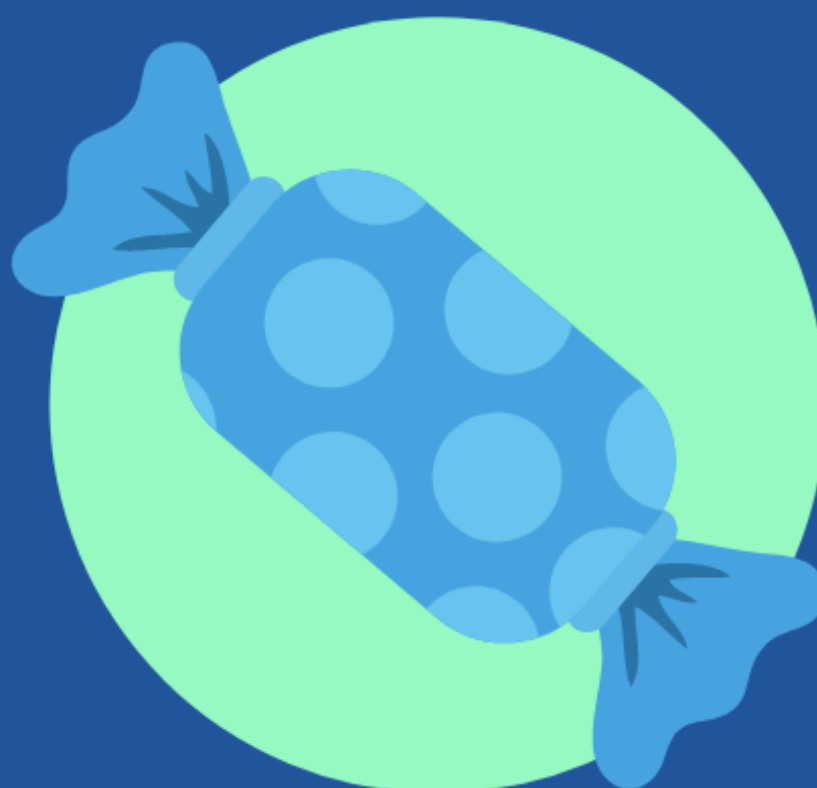
Carrots as a vegetable contain keratin and Vitamin A, which both strengthen tooth enamel, and can help to repair tooth enamel that has been damaged.

SNACKS TO AVOID



SODA

These drinks are the leading source of added sugar among kids and teens. They are loaded with sugar. And most soft drinks have phosphoric and citric acids that wear away tooth enamel.



CHEWY CANDY

Sticky candies such as caramels, gummy animals, and taffy can easily get stuck in the grooves of teeth, leaving them around for bacteria to feed on. The result is an increased risk of decay.



ICE CUBES

Chewing on ice could cause cracked and chipped teeth, damage to tooth enamel, problems with existing dental work such as fillings and crowns, and sore jaw muscles.

HANDLING DENTAL EMERGENCIES

Knowing how to handle a dental emergency can mean the difference between saving and losing your child's tooth. Here are some tips to help you cope quickly and calmly with a dental emergency.

Knocked-Out Tooth

Baby Tooth

If something happens to any of your child's baby teeth, you should call your dentist and take your child to the dentist as soon as you can. If a tooth is completely out, do not try and put it back into the tooth socket. Although it is normal for children to lose baby teeth, an accident that damages a baby tooth could also harm the adult tooth underneath.

Adult Tooth

Unlike a baby tooth that is knocked out, an adult tooth should be put back into the socket. After you find the tooth, hold it by the crown (top), not the root. If the tooth looks dirty, rinse the root briefly with water. Do not scrub the tooth or remove any attached bits of tissue.

If possible, gently insert and hold the tooth in its socket with a clean washcloth or gauze pad. If this isn't possible, see if the child can hold the tooth in the cheek or under the tongue. If that does not work, put the tooth in a container with milk, saliva or an emergency tooth preservation kit. If none of these liquids are available, put the tooth in water.

Take your child to the dentist as quickly as you can. It's best to see a dentist within 30 minutes. Don't forget to bring the tooth and any tooth pieces you can find!

Broken or Cracked Tooth

Rinse the mouth with warm water to keep the area clean. Put a cold compress (like an ice pack or washcloth with ice wrapped inside) on the face to reduce swelling. Go to the dentist right away. If you can find the broken tooth piece, bring it with you to the dentist. Wrap it in some wet gauze or a wet towel if possible.

Bitten tongue or lip

Clean the area gently with a cloth and place a cold compress on the area to keep swelling down. If there is a lot of bleeding or if it doesn't stop after a short time, take your child to a dentist or emergency center.

Objects caught between teeth

Gently try to remove the object with dental floss. If that doesn't work, go to the dentist. Do not try to remove the object with a sharp or pointed instrument.

Toothache or swollen face

Rinse the mouth out with warm water to clean it out. Give your child what you would normally give them for pain. Do not put any medication directly on the aching tooth or gums. Take your child to the dentist as soon as you can.

If your child's face is swollen, take your child to your dentist or physician. Swelling of the face can be a sign of serious infection. Do not delay.

INSURANCE AND FINANCIAL POLICY

Our office will do everything possible to help you understand and make the most of your dental benefits. As a courtesy, our office will complete and submit your primary insurance forms to achieve the maximum reimbursement to which you are entitled. Please remember that you are ultimately responsible for all expenses incurred. We urge you to read the policy so that you are fully aware of coverage and any limitations of the benefits provided



Payment Options

Financial arrangements are discussed during the initial visit. Our doctors and their staff are committed to providing excellent dental care and guiding parents in choosing the best payment option for their child's needs. We accept cash, personal checks, Visa, MasterCard, American Express, Discover as well as offer Care Credit Financing.

Dental Insurance

Your insurance is a contract between your employer and a dental insurance company. Benefits received are based on the terms of the contract negotiated between your employer and the dental insurance company, and not the dental office. The goal of most dental insurance policies is to provide only basic care for specific dental services and typically have little to do with your child's needs or achieving a high-quality, complete result. Many needed services may not be covered.

FORMS OF SEDATION

When and if your child has a cavity, it is our priority to make the treatment process as smooth and easy as possible. Here at LeBlanc and Associates, we focus largely on positive reinforcement with the use of TV's, toys and ice cream for a job well done. When a little extra care to calm the nerves is necessary, we offer several forms of sedation to help ease your children's fears.

Nitrous Oxide is the most commonly used method for conscious sedation. Often referred to as "laughing gas", Nitrous Oxide is administered in titrated doses through a nasal hood placed on your child's nose. During the use of Nitrous Oxide, your child will be awake and responsive, but may seem noticeably relaxed and experience a tingly or heavy sensation in their hands and feet. Once treatment is completed, we flush 100% oxygen through the nasal hood for 5 minutes, which completely removes the Nitrous Oxide from your child's system before they leave our office.

Because Nitrous Oxide is a gas that must be voluntarily breathed in, it may not be effective enough in delivering relaxation for a patient who is extremely anxious about treatment. If so, the next method the Doctor may recommend is referred to as an Oral Sedation. In this case, a small dose of Versed, based on your child's weight, is administered by the doctor to help relax the patient prior to the administration of Nitrous Oxide. The combination can be very effective at helping the patient achieve enough relaxation and cooperation to allow the doctor to complete treatment. A Health History and Physical completed by your child's pediatrician within 90 days is required for this method of treatment.

A third option we offer to complete treatment is IV Sedation. During an IV sedation, your child is fully sedated and monitored by an Anesthesiologist or Nurse Anesthetist in our office. This method is preferred for a young child or a child with special behavioral needs or who requires multiple areas in the mouth to be treated, because it allows all the dental treatment to be completed in one visit. During an IV Sedation, the Anesthesiologist or Nurse Anesthetist focuses solely on closely monitoring the patient's vitals while the dentist completes all diagnosed treatment. While scheduling an IV Sedation, you will work closely with our surgery coordinator who will walk you through the entire process from scheduling to billing, to communicating with the team of sedation providers. A Health History and Physical completed by your child's pediatrician within 12 months is required for this method of treatment.

For children younger than two, or those with specific medical concerns, our doctors may recommend completing dental treatment at Children's Mercy Hospital. During a Same Day Surgery visit, your child will be sedated in the operating room under General Anesthesia. One of our Pediatric Dentists, will complete all the dental treatment needed at this one visit.

INFECTION CONTROL



Along with offering the best possible dental experience for your child, your family's health and safety is our top priority. Adhering to strict Infection Control protocol has always been and will continue to be of huge importance to our practice. In addition to going above and beyond standard Infection Control procedures in all clinical areas, we aim to exceed your expectations in the cleanliness of our non-clinical areas as well.

Clinical areas and equipment are cleaned and sanitized between each patient. Non-disposable dental tools such as mirrors, explorers, operative instruments and scalers are sterilized between each patient in our in-office autoclaves. Spore tests are run through our autoclaves weekly and third party tested by the University of Missouri-Kansas City. Each of our offices are also professionally cleaned nightly. We truly strive to offer the cleanest, safest and most desirable environment possible for our patients.



Dr. Michael LeBlanc

Michael LeBlanc, originally from El Paso, Texas, received his Doctorate of Dental Surgery from the University of Missouri at Kansas City School of Dentistry in 2003. Upon graduation, Dr. LeBlanc completed a two-year pediatric dental residency at Children's Mercy Hospital.

Dr. LeBlanc was very active in dental school, both academically and clinically. In 2003 he received the distinct Pierre Fauchard Award for clinical excellence as well as the prestigious Arthur Iwerson Award for excellence in pediatric dentistry. Throughout his career, he has continued to be active in the dental community. He is board-certified, a member of Omicron Kappa Upsilon National Dental Honor Society, former president of the local dental society, as well as a former chair of the New Dentist Committee. Currently, Dr. LeBlanc is a Fellow of the American Academy of Pediatric Dentistry, a member of the American Dental Association, and a member of the Kansas Dental Association. He is fluent in Spanish and has volunteered for various dental missions in Venezuela and Mexico. Locally, he has participated in volunteer events for the Team Smile organization and the Kansas Special Olympics.

Dr. LeBlanc is married to his high school sweetheart, Elizabeth. Together they stay busy with their daughter Mia and son Aiden.

Casey Rhoads, originally from Hays, KS, is a graduate of the University of Kansas. She then went on to attend the University of Nebraska Medical Center College of Dentistry where she was awarded her DDS degree.

Dr. Casey Rhoads completed her pediatric dental training and obtained her MDS in Memphis, TN at the UTHSC College of Dentistry, LeBonheur Children's Hospital and St. Jude's Children's Research Hospital. She received extensive training in behavior management, hospital sedation, and special needs dentistry. Dr. Rhoads was awarded the Ralph E. McDonald Award at the American Academy of Pediatric Dentistry annual session in 2016. Dr. Rhoads is board certified through the American Board of Pediatric Dentists and is an active member of the American Dental Association and the American Academy of Pediatric Dentistry. Dr. Rhoads has been part of the LeBlanc & Associates team since 2015.

Dr. Rhoads is passionate about her profession and truly enjoys every day she gets to come to work and interact with all the children and staff. She is thrilled and honored to be a part of each child's amazing adventure through life.

Dr. Rhoads enjoys being active, traveling, and exploring new places with her husband and their two children. They love living in this great community and are always looking for new and exciting ways to experience KC!



Dr. Casey Rhoads



Dr. Rebecca Ferns

Dr. Rebecca Ferns grew up in a suburb of St. Louis, Missouri. She received her Bachelor of Science in Chemistry at Westmont College in Santa Barbara, California. She began her dental education at the University of Missouri-Kansas City, graduating with Pediatric Honors in 2015.

After completing dental school, Dr. Ferns practiced general dentistry at a community health center in Lawrence, Kansas. It was during this time that she confirmed her desire to pursue a specialty in pediatric dentistry.

Dr. Ferns obtained her Certificate in Pediatric Dentistry from the University of Southern California. Her training included treating patients with special healthcare needs at Children's Hospital Orange County. She is a board-certified pediatric dentist and a member of the College of Diplomates of the American Board of Pediatric Dentistry.

Despite growing up in St. Louis, she and her family have always been avid KU fans. She has always gravitated toward the Kansas City area and has enjoyed planting roots here with her husband, Ryan, over the past few years. It is an honor and privilege to be a part of the LeBlanc & Associates team and provide care for the children of our community.



Dr. Emily Meyer

Dr. Emily Meyer, DDS, grew up in both Pennsylvania and Washington D.C. She earned her undergraduate degree from Pennsylvania State University before attending dental school in Baltimore at the University of Maryland. Dr. Meyer then completed her medical residency at NYU Langone Hospitals, earning the prestigious title of Chief Resident. She's been a part of our dental family since 2018, when she joined us while her husband, Louis, worked on finishing his medical residency at the University of Missouri in Kansas City.

She said she loves being an integral part of our team and community because we create such a welcoming environment that is genuinely team-oriented where you feel like you're with close friends. Dr. Meyer always treats everyone like family, putting what is best for you and your smile first above all else.

Dr. Meyer and Louis have been together for over a decade and were married in 2018. The couple enjoys traveling, visiting family, playing with their puppy Archie, golfing, doing Peloton, and hiking.



Dr. Brent Church

Dr. Brent Church is a native of Memphis, Tennessee. He received his undergraduate degree from the University of Mississippi, and then he pursued his Doctor of Dental Surgery degree at the University of Tennessee. Following the completion of his DDS degree, he completed a two-year residency program specializing in pediatric dentistry at the University of Tennessee.

Dr. Church is a board-certified Diplomate of the American Board of Pediatric Dentistry, as well as a member of the American Academy of Pediatric Dentistry, the American Dental Association and the Kansas Dental Association. When he's not at the office, Dr. Church enjoys golfing, running, and watching sports. As a transplant to Kansas City, Dr. Church has become an avid Royals and Chiefs fan.



Dr. Kyle Pedersen

Dr. Kyle Pedersen was born and raised in Elgin, Illinois. After receiving his dental degree from the University of Iowa College of Dentistry, he went on to complete a two year pediatric dental residency program at the University of Texas Health Science Center- San Antonio. Dr. Pedersen is a board-certified pediatric dentist and an active member of the American Academy of Pediatric Dentistry.

After completing his pediatric residency in 1994, Dr. Pedersen moved back to the Chicago area where he worked in private practice, got married and started a family. In 2015, Dr. Pedersen and his wife Maritsa, a family physician, began working for a non-profit organization and subsequently moved overseas with their four children. After studying Spanish for one year in Costa Rica, his family moved to the Dominican Republic where they lived for four years. During those years, they worked alongside community leaders and pastors, and supported various ministries focused on community development, medical and dental care.

Since moving to Kansas in August 2020, Dr. Pedersen has transitioned to becoming a Royals, Chiefs and Sporting KC fan. He and Maritsa also enjoy cheering on their children in various sporting activities. In his spare time, he enjoys running, tennis and improving his Spanish.

Dr. Pedersen is excited and thankful for the opportunity to be part of the team at LeBlanc and Associates.