

Referral Information

How did you find us? Patient/Friend - Name: _____
 Insurance Provider List Internet Search Mailer Facebook Other _____

Patient Information

Patient Name: _____ Date: _____
Last First MI

Parent/Guardian (if under 18): _____

Sex: Male Female Status: Married Single Child Partner Other

Social Security #: _____ Date of Birth: _____

Phone (cell): _____ (home): _____ (work): _____ Ext: _____

Preferred Telephone: Cell Home Work

Email: _____ May we email/text you appointment reminders? Yes No

Address: _____

Street

Apartment #

City

State

Zip Code

Employer: _____ Occupation: _____

Emergency Contact: _____

Name

Phone

Relationship

Spouse or Responsible Party Information

The following is for: Patient (skip this section) Policy Holder (complete this section) Other (complete this section)

Patient Name: _____ Date: _____
Last First MI

Social Security #: _____ Date of Birth: _____

Phone (cell): _____ (home): _____ (work): _____ Ext: _____

Address: _____

Street

(if different from patient's)

Apartment #

City

State

Zip Code

Insurance Information Self Pay / No Insurance

Policy Holder: _____ Patient's Relation: _____

Birth Date: _____ Social Security #: _____

Insurance Company: _____ Employer: _____

ID#: _____ Group #: _____

Consent for Services

As a condition of your treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from the patients for the costs incurred in their care. Financial responsibility on the part of each patient must be determined before treatment.

All emergency dental services, or any dental services performed without previous financial arrangements, must be paid for in cash at the time services are performed.

Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient and that he or she is personally responsible for payment of all dental services. This office will help prepare the patients insurance forms or assist in making collections from insurance companies and will credit any such collections to the patient's account. However, this dental office cannot render services on the assumption that our charges will be paid by an insurance company.

A service charge of 1½% per month (18% per annum) on the unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial arrangements are satisfied.

I understand that the fee estimate listed for this dental care can only be extended for a period of six months from the date of the patient examination.

In consideration for the professional services rendered to me, or at my request, by the Doctor, I agree to pay therefore the reasonable value of said services to said Doctor, or his assignee, at the time said services are rendered, or within five (5) days of billing if credit shall be extended. I further agree that the reasonable value of said services shall be as billed unless objected to, by me, in writing, within the time for payment thereof. I further agree that a waiver of any breach of any time or condition hereunder shall not constitute a waiver of any further term or condition and I further agree to pay all costs and reasonable attorney fees if suit be instituted hereunder.

I grant my permission to you or your assignee, to telephone me at home or at my work to discuss matters related to this form.

I have read the above conditions of treatment and payment and agree to their content.

_____ Date: _____ Relationship to Patient: _____

Signature of patient, parent or guardian

HEALTH HISTORY

Patient First Name

MI

Last Name

Birthdate

Sex

Male

Female

GENERAL HEALTH QUESTIONS

1. Have you had any serious illness, operations or hospitalizations? Yes No
2. Are you under a physician's care at this time? Yes No

Name, address and phone # of physician:

Do you have or did you ever have any of the following?

Cardiovascular Health

3. High blood pressure Yes No
4. Angina or heart attack Yes No
5. Chest pain on physical exertion Yes No
6. Coronary artery blockage or treatment (bypass, stent, etc.) Yes No
7. Heart valve problem or replacement Yes No
8. Heart murmur Yes No
9. Heart disease, problem or treatment Yes No
10. Rheumatic fever Yes No
11. Past use of Fen-Phen Yes No
12. Irregular heart beat or pacemaker Yes No
13. Difficulty breathing when lying down Yes No
14. Stroke Yes No
15. Low blood pressure Yes No

Respiratory Health

16. Asthma Yes No
17. Emphysema or respiratory problems Yes No
18. Chronic sinus problems Yes No
19. Tuberculosis or persistent cough Yes No

Endocrine/Blood/Immune Health

20. Diabetes Yes No
21. Frequent thirst or frequent urination Yes No
22. Thyroid problems Yes No
23. Abnormal bleeding, bruise easily Yes No
24. Hemophilia Yes No
25. Anemia/blood disease Yes No
26. Cancer Yes No
27. Radiation therapy/chemotherapy Yes No
28. HIV infection/AIDS Yes No
29. Cold sores/canker sores Yes No
30. Organ transplant Yes No
31. Blood transfusion Yes No

Medications

60. Are you taking any prescription medications, over the counter medications or herbal medicines? Yes No

If so, please list them and the dose taken:

61. Do you or have you used bisphosphonate medication (Fosomax, Actonel, Boniva, Skelid, Didronel, Aredia, Zometa, Bonefos)? Yes No

Social

62. Do you use tobacco? Yes No Quantity _____ Per Day
63. Do you use alcohol? Yes No Quantity _____ Per Day Per Week
64. Do you use recreational drugs? Yes No Quantity _____ Per Day
65. Do you have any other medical conditions not already listed above? Yes No

Please list:

Muscular-Skeletal/CNS/Mental Health

32. Joint replacement Yes No
33. Arthritis Yes No
34. Osteoporosis Yes No
35. Fainting spells or dizziness Yes No
36. Seizures Yes No
37. Numbness or muscle weakness Yes No
38. Multiple sclerosis Yes No
39. Mental retardation Yes No
40. Dementia/Alzheimer's disease Yes No
41. Anxiety/Nervousness Yes No
42. Mental health treatment Yes No

Gastro-Intestinal/Genito-Urinary Health

43. Hepatitis (A, B, C or other) Yes No
44. Liver disease Yes No
45. Kidney disease/dialysis Yes No
46. Stomach trouble/ulcers Yes No
47. Sexually transmitted disease Yes No

Medication Allergies and Other Allergies

48. Penicillin or other antibiotics Yes No
49. Sulfa drugs Yes No
50. Dental antesthetic Yes No
51. Aspirin Yes No
52. Codeine/narcotics Yes No
53. Iodine Yes No
54. Latex products Yes No
55. Metals/nickels/jewelry Yes No
56. Other: Yes No

Females Only

57. Are you pregnant? Yes No
58. Are you nursing now? Yes No
59. Do you take birth control pills? Yes No

I hereby certify that I have read the foregoing and filled out this questionnaire completely. I have advised you of all medical problems of which I am aware. I further certify that I, the undersigned, consent to the performing of x-rays and examination.

Signature of PATIENT or GUARDIAN _____

Date _____

Signature of DENTIST _____

ID# _____

Date _____

UPDATE Have there been any changes in your medical history, including any medications that you take, since you last completed this form? Yes No

Signature of PATIENT or GUARDIAN _____

Signature of DENTIST _____

Date _____

Date _____

Dental Health Questionnaire

We believe that each patient deserves to know what their current level of dental health is, how they got there, and what treatment options are available to help them reach the level of health that they deserve. This begins with a careful diagnosis and personalized treatment plan. We will perform a comprehensive oral examination of your teeth, gums, jaw joints, bite and soft tissues. We will also take the appropriate x-rays, and when beneficial we may take additional diagnostic records such as photographs or casts of your teeth to further evaluate areas of concern.

Once all your records have been completed they will be carefully evaluated to determine your current level of dental health. We will review our findings with you and discuss your treatment options. A personalized treatment plan will then be developed to help you achieve the goals we set together.

Please help us better understand your dental health needs and goals by answering the following questions. (check the best answer):

- Have you had a full set of x-rays (other than routine cavity detecting x-rays) within the last 3 years? () Yes () No
- I have a () low () moderate () high fear of going to the dentist.
- I am () very satisfied () satisfied () dissatisfied () with the appearance of my teeth.
- I think my present state of dental health is () excellent () good () fair () poor ().
- I would say that my main concerns with my dental health are:

- I am interested in a smile evaluation and personalized treatment plan to enhance my smile. () Yes () No

Please check which statement below best represents the level of dental health you wish to achieve. (Some people begin at one level and progress to a higher level over time.)

() HEALTH LEVEL I – Emergency Care

I am only interested in emergency dental care for the relief of pain and/or cosmetic embarrassment. I am not very interested in thinking about the future of my teeth at this time.

() HEALTH LEVEL II – Maintenance Care

I am interested in maintenance care by taking an active part in the prevention of the disease process and the repair of existing problems. However, I am not ready for a higher level of dental care due to limitations of time and/or money. I understand that maintenance care may not be enough to help me achieve maximum protection and longevity and that my dental health may not remain stable over time.

() HEALTH LEVEL III – Comprehensive Care

I am interested in comprehensive care to achieve and maintain a higher level of dental health. I am concerned about treating the causes of dental diseases, not simply the effects. I want all dental treatment provided to be the best available for maximum protection and longevity, so as to achieve long-term stable dental health.

() HEALTH LEVEL IV – Comprehensive & Cosmetic Care

I am interested in comprehensive and cosmetic care to achieve and maintain the highest level of dental health. I am concerned about treating the causes of dental diseases, not simply the effects. I want all dental treatment provided to be the best available in cosmetic dentistry for maximum protection, longevity, and esthetics, so as to achieve long-term stable, yet esthetic dental health.

Sunrise Family Dentistry

Written Financial Policy

Thank you for choosing Sunrise Family Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering payment options.

Payment Options:

You can choose from:

- Cash, Visa, MasterCard, American Express, Discover Card or (Checks for existing patients)
- Convenient Monthly Payment Options from CareCredit

Patients that have no insurance:

Payment in full is due at the time service is rendered. We also offer an in-office Savings Plan to all of our patients.

Patients who have dental insurance coverage that pays the office:

All charges incurred are the responsibility of the patient or their guarantor, NOT the insurance company. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and the insurance company. Our office is not a party to that contract. Our office does not guarantee that your insurance company will assist with payment for any dental treatment. If your claim is not paid within 60 days, denied, or paid at a lesser amount, you will be responsible for paying the full amount at that time. Our practice will not enter into a dispute with your insurance company over any claim, although we will provide necessary documentation your insurance company requests to sort out any confusion or questions that may arise. It is your responsibility to resolve any type of dispute over payments made or not made by your insurance company to our practice.

We always recommend treatment based on our patient's dental needs, not based on insurance coverage, which is inadequate with some dental plans. We estimate what the insurance will pay based on information they have provided us, which is almost always generalized information. What the insurance actually pays will be determined when they process the claim. The estimated patient portion is due and payable at the start of treatment and if the insurance pays less than estimated, we will bill the remainder to the patient or guarantor with the expectation that the full balance will be paid in full within 20 days.

Please note:

Sunrise Family Dentistry requires payment at the beginning of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

A fee of \$25 is charged for patients who miss or cancel without a 24-hour notice.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

Date

Dental Materials Fact Sheet

What About the Safety of Filling Materials?

Patient health and the safety of dental treatments are the primary goals of California's dental professionals and the Dental Board of California. The purpose of this fact sheet is to provide you with information concerning the risks and benefits of all the dental materials used in the restoration (filling) of teeth.

The Dental Board of California is required by law* to make this dental materials fact sheet available to every licensed dentist in the state of California. Your dentist, in turn, must provide this fact sheet to every new patient and all patients of record only once before beginning any dental filling procedure.

As the patient or parent/guardian, you are strongly encouraged to discuss with your dentist the facts presented concerning the filling materials being considered for your particular treatment.

Allergic Reactions to Dental Materials

Components in dental fillings may have side effects or cause allergic reactions, just like other materials we may come in contact with in our daily lives. The risks of such reactions are very low for all types of filling materials. Such reactions can be caused by specific components of the filling materials such as mercury, nickel, chromium, and/or beryllium alloys. Usually, an allergy will reveal itself as a skin rash and is easily reversed when the individual is not in contact with the material.

There are no documented cases of allergic reactions to composite resin, glass ionomer, resin ionomer, or porcelain. However, there have been rare allergic responses reported with dental amalgam, porcelain fused to metal, gold alloys, and nickel or cobalt-chrome alloys.

If you suffer from allergies, discuss these potential problems with your dentist before a filling material is chosen.

Toxicity of Dental Materials

Dental Amalgam

Mercury in its elemental form is on the State of California's Proposition 65 list of chemicals known to the state to cause reproductive toxicity. Mercury may harm the developing brain of a child or fetus.

Dental amalgam is created by mixing elemental mercury (43-54%) and an alloy powder (46-57%) composed mainly of silver, tin, and copper. This has caused discussion about the risks of mercury in dental amalgam. Such mer-

cury is emitted in minute amounts as vapor. Some concerns have been raised regarding possible toxicity. Scientific research continues on the safety of dental amalgam. According to the Centers for Disease Control and Prevention, there is scant evidence that the health of the vast majority of people with amalgam is compromised.

The Food and Drug Administration (FDA) and other public health organizations have investigated the safety of amalgam used in dental fillings. The conclusion: no valid scientific evidence has shown that amalgams cause harm to patients with dental restorations, except in rare cases of allergy. The World Health Organization reached a similar conclusion stating, "Amalgam restorations are safe and cost effective."

A diversity of opinions exists regarding the safety of dental amalgams. Questions have been raised about its safety in pregnant women, children, and diabetics. However, scientific evidence and research literature in peer-reviewed scientific journals suggest that otherwise healthy women, children, and diabetics are not at an increased risk from dental amalgams in their mouths. The FDA places no restrictions on the use of dental amalgam.

Composite Resin

Some Composite Resins include Crystalline Silica, which is on the State of California's Proposition 65 list of chemicals known to the state to cause cancer.

It is always a good idea to discuss any dental treatment thoroughly with your dentist.

Dental Amalgam Fillings

Dental amalgam is a self-hardening mixture of silver-tin-copper alloy powder and liquid mercury and is sometimes referred to as silver fillings because of its color. It is often used as a filling material and replacement for broken teeth.

Advantages

- ♥ Durable; long lasting
- ♥ Wears well; holds up well to the forces of biting
- ♥ Relatively inexpensive
- ♥ Generally completed in one visit
- ♥ Self-sealing; minimal to no shrinkage and resists leakage
- ♥ Resistance to further decay is high, but can be difficult to find in early stages
- ♥ Frequency of repair and replacement is low

Disadvantages

- Refer to "What About the Safety of Filling Materials"

* *Business and Professions Code 1648.10-1648.20*

- Gray colored, not tooth colored
- May darken as it corrodes; may stain teeth over time
- Requires removal of some healthy tooth
- In larger amalgam fillings, the remaining tooth may weaken and fracture
- Because metal can conduct hot and cold temperatures, there may be a temporary sensitivity to hot and cold
- Contact with other metals may cause occasional, minute electrical flow

The durability of any dental restoration is influenced not only by the material it is made from but also by the dentist's technique when placing the restoration. Other factors include the supporting materials used in the procedure and the patient's cooperation during the procedure. The length of time a restoration will last is dependent upon your dental hygiene, home care, and diet and chewing habits.

Composite Resin Fillings

Composite fillings are a mixture of powdered glass and plastic resin, sometimes referred to as white, plastic, or tooth-colored fillings. It is used for fillings, inlays, veneers, partial and complete crowns, or to repair portions of broken teeth.

Advantages

- ♥ Strong and durable
- ♥ Tooth colored
- ♥ Single visit for fillings
- ♥ Resists breaking
- ♥ Maximum amount of tooth preserved
- ♥ Small risk of leakage if bonded only to enamel
- ♥ Does not corrode
- ♥ Generally holds up well to the forces of biting depending on product used
- ♥ Resistance to further decay is moderate and easy to find
- ♥ Frequency of repair or replacement is low to moderate

Disadvantages

- Refer to "What About the Safety of Filling Materials"
- Moderate occurrence of tooth sensitivity; sensitive to dentist's method of application
- Costs more than dental amalgam
- Material shrinks when hardened and could lead to further decay and/or temperature sensitivity
- Requires more than one visit for inlays, veneers, and crowns
- May wear faster than dental enamel
- May leak over time when bonded beneath the layer of enamel

Glass Ionomer Cement

Glass ionomer cement is a self-hardening mixture of glass and organic acid. It is tooth-colored and varies in translucency. Glass ionomer is usually used for small fillings, cementing metal and porcelain/metal crowns, liners, and temporary restorations.

Advantages

- ♥ Reasonably good esthetics
- ♥ May provide some help against decay because it releases fluoride
- ♥ Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- ♥ Material has low incidence of producing tooth sensitivity
- ♥ Usually completed in one dental visit

Disadvantages

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended for biting surfaces in permanent teeth
- As it ages, this material may become rough and could increase the accumulation of plaque and chance of periodontal disease
- Does not wear well; tends to crack over time and can be dislodged

Resin-Ionomer Cement

Resin ionomer cement is a mixture of glass and resin polymer and organic acid that hardens with exposure to a blue light used in the dental office. It is tooth colored but more translucent than glass ionomer cement. It is most often used for small fillings, cementing metal and porcelain metal crowns and liners.

Advantages

- ♥ Very good esthetics
- ♥ May provide some help against decay because it releases fluoride
- ♥ Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- ♥ Good for non-biting surfaces
- ♥ May be used for short-term primary teeth restorations
- ♥ May hold up better than glass ionomer but not as well as composite
- ♥ Good resistance to leakage
- ♥ Material has low incidence of producing tooth sensitivity
- ♥ Usually completed in one dental visit

Disadvantages

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended to restore the biting surfaces of adults
- Wears faster than composite and amalgam

Porcelain (Ceramic)

Porcelain is a glass-like material formed into fillings or crowns using models of the prepared teeth. The material is tooth-colored and is used in inlays, veneers, crowns and fixed bridges.

Advantages

- ♥ Very little tooth needs to be removed for use as a veneer; more tooth needs to be removed for a crown because its strength is related to its bulk (size)
- ♥ Good resistance to further decay if the restoration fits well
- ♥ Is resistant to surface wear but can cause some wear on opposing teeth
- ♥ Resists leakage because it can be shaped for a very accurate fit
- ♥ The material does not cause tooth sensitivity

Disadvantages

- Material is brittle and can break under biting forces
- May not be recommended for molar teeth
- Higher cost because it requires at least two office visits and laboratory services

Nickel or Cobalt-Chrome Alloys

Nickel or cobalt-chrome alloys are mixtures of nickel and chromium. They are a dark silver metal color and are used for crowns and fixed bridges and most partial denture frameworks.

Advantages

- ♥ Good resistance to further decay if the restoration fits well
- ♥ Excellent durability; does not fracture under stress
- ♥ Does not corrode in the mouth
- ♥ Minimal amount of tooth needs to be removed
- ♥ Resists leakage because it can be shaped for a very accurate fit

Disadvantages

- Is not tooth colored; alloy is a dark silver metal color
- Conducts heat and cold; may irritate sensitive teeth

- Can be abrasive to opposing teeth
- High cost; requires at least two office visits and laboratory services
- Slightly higher wear to opposing teeth

Porcelain Fused to Metal

This type of porcelain is a glass-like material that is “enameled” on top of metal shells. It is tooth-colored and is used for crowns and fixed bridges

Advantages

- ♥ Good resistance to further decay if the restoration fits well
- ♥ Very durable, due to metal substructure
- ♥ The material does not cause tooth sensitivity
- ♥ Resists leakage because it can be shaped for a very accurate fit

Disadvantages

- More tooth must be removed (than for porcelain) for the metal substructure
- Higher cost because it requires at least two office visits and laboratory services

Gold Alloy

Gold alloy is a gold-colored mixture of gold, copper, and other metals and is used mainly for crowns and fixed bridges and some partial denture frameworks

Advantages

- ♥ Good resistance to further decay if the restoration fits well
- ♥ Excellent durability; does not fracture under stress
- ♥ Does not corrode in the mouth
- ♥ Minimal amount of tooth needs to be removed
- ♥ Wears well; does not cause excessive wear to opposing teeth
- ♥ Resists leakage because it can be shaped for a very accurate fit

Disadvantages

- Is not tooth colored; alloy is yellow
- Conducts heat and cold; may irritate sensitive teeth
- High cost; requires at least two office visits and laboratory services

DENTAL BOARD OF CALIFORNIA

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Sunrise Family Dentistry

Patient Acknowledgement of Receipt of Dental Materials Facts Sheet and Notice of Privacy Practices

As of January 1, 2002, the Dental Board of California now requires that we distribute to our patients a copy of the Dental Materials Facts Sheet. In addition, the Health Insurance Portability and Accountability Act (HIPAA) requires, effective April 14, 2003, that patient be given a copy of our Notice of Privacy Practice.

Please print and sign your name below.

I, _____, acknowledge I have received from this office:

1. A copy of the Dental Materials Fact Sheet
2. The Notice of Privacy Practice

Patient Signature or Personal Representative

Date

If signed by a personal Representative of the Patient, describe the representative's authority to act for the patient _____

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)
