



PRELIMINARY HEALTH HISTORY FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
OCCUPATION/EMPLOYMENT: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR OFFICE? (circle one)  
TV      RADIO      DIRECT MAIL      FRIEND/FAMILY      OTHER  
  
WHAT IS YOUR EMAIL ADDRESS? \_\_\_\_\_

ARE YOU **ALLERGIC** TO ANY **MEDICATIONS**? \_\_\_\_\_  
\_\_\_\_\_  
ARE YOU ALLERGIC TO **LATEX**? \_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE, OR HAVE YOU HAD HEART TROUBLE, HEART MURMUR, RHEUMATIC FEVER, VALVE DISEASE/REPLACEMENT, OR MITRAL VALVE PROLAPSE? (OR ANY OTHER CONDITION REQUIRING **PREMEDICATION** WITH ANTIBIOTICS?) \_\_\_\_\_

WHEN WAS THE APPROXIMATE DATE OF YOUR LAST DENTAL CLEANING?  
\_\_\_\_\_  
NAME AND TOWN OF CURRENT DENTIST: \_\_\_\_\_

WE ARE HERE TO OFFER YOU THE LATEST AND GREATEST IN COSMETIC DENTISTRY. WE HOPE YOU ENJOY YOUR STAY!



## OUR CANCELLATION POLICY

We ask for at least **48 hours** advance notice for canceling or rescheduling an appointment; otherwise, a \$50 fee may be assessed to your account.

**Note:** All cancellation fees must be paid prior to scheduling another appointment.

The treatment that is planned for you is specific to you. It is important for you to keep the scheduled dates and times to properly complete your treatment. A broken appointment is a loss to three people --- the patient who missed the valuable time, the patient who could have taken the valuable time; and the doctor who was fully staffed and prepared for the appointment.

I hereby agree to show up for my scheduled appointments on time and to give a 48 hour advance notice if I need to cancel or reschedule an appointment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Handling of Dental Insurance

Many patients have some form of Dental Insurance. Cosmetic Procedures are often not covered by insurance. Some adults have a limited amount of Orthodontic Coverage. If it appears that your insurance will cover any of our planned treatment, we will be happy to fill out your insurance claims forms and file them for you. If any of your treatment is covered the payment from the insurance company will be sent directly to you at home. This is called a reimbursement because you will have already set up financial arrangements (Cash, Credit Card, Check, Springstone Financing, Chase Health) with us before treatment is started.

I understand that my insurance company will pay any insurance coverage directly to me.

\_\_\_\_\_



## PHOTOGRAPHY AGREEMENT and RELEASE

The doctor will take some photos during your treatment. Most of these pictures are used for planning and lab communication. They are also used to communicate with you about the appearance of your teeth so that the best possible result can be achieved.

The doctor would like to have your permission to use your photos for articles, advertisements, office brochures and educational purposes.

Please sign this agreement, which will give us your permission to use pictures of you and your new smile. By signing this you are giving our office permission to use the photos for marketing purposes.

Thank you!

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_



# RETAINER INFO AND AGREEMENT

1. After teeth have been moved, some form of retainer is needed to keep them in their new position. Teeth can tend to drift back towards to their initial position if retainers are not adequately used. This is especially true for adults.
2. Removable retainers can keep your teeth straight but they need to be worn for 6 months full time (except while eating), then every night while you sleep for 1 year. After this, wear the retainer(s) for 3-4 nights per week **FOR THE REST OF YOUR LIFE**. (retainers must be used for as long as you want your teeth to stay in their new position)
3. If the removable retainers are lost or broken there is a fee of \$180 per retainer. It is wise to have a backup removable retainer at all times so you have a retainer to use if you lose or break your main retainer.
4. **BONDED RETAINERS** are also an option. The bonded retainer is a small wire that is bonded to your front 6 teeth and holds your front 6 teeth in place. This allows you to **NOT** wear your removable retainers (they are worn in lieu of a removable retainer). Some people may need both bonded retainers and removable retainers. The back teeth are **NOT** held by the bonded retainer. The back teeth usually don't move in a manner that affects the look of your new smile. They do tend to settle into your bite a bit better as time goes on.
5. You will not be able to floss normally in between your front 6 teeth if you have the bonded retainers. You can use a tooth pick or a stimudent to clean between your teeth by the gums. You may be able to thread floss under the bonded retainers. Every few weeks, check to make sure that you still can't get floss through these areas.
6. If you notice any change to the position of your teeth, contact our office immediately and wear your removable retainers (if available) until you are able to be seen.
7. Retention is essential to ensure that your result is maintained. A removable or bonded retainer must be used indefinitely and if teeth shift significantly, braces are needed to move them back. There would be a charge associated with this. It is important that you notify us right away if you think you are experiencing any shifting. When the shifting is minor, it can oftentimes be addressed without the need for braces.

I HAVE READ AND UNDERSTAND EVERYTHING WRITTEN ABOVE.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_





## Our Payment Options

(for consultation appointment)

- 5% Courtesy with payment in full before treatment begins (Cash, Check). (2% if using credit card) This is our most popular option. With this discount, you would be responsible for \$ 4749.05. This involves a savings of \$249.95
  
- For 6-Month Braces: \$700 at Records Appointment (next appointment) and \$716.50 to be paid at each visit (Cash, Check, Credit Card)
  
- Financing using Care Credit Financing, Chase Health, or Springstone Financing (must qualify). Longer term low interest financing options available to meet your budget.

