

Patient Health History

Dental History

- Main purpose of today's visit: _____
- How long has it been since your last cleaning and exam? _____
- Are you currently in pain? NO YES – please circle: Mild Moderate Severe Hot Cold Pressure
- Do you ever experience pain or discomfort in your jaw joints? NO YES
- Do you notice your jaw joints pop, click, or have a grinding sound? NO YES
- Do you still have your wisdom teeth? NO YES
- Are you nervous about having dental work done? NO YES

Oral Hygiene

- How many times a day do you brush your teeth? _____
- Do you floss daily? NO YES If not, how often do you floss? _____
- What type of toothbrush do you use? Soft Medium Hard

Gum Health

- Do your gums ever bleed or feel irritated? NO YES
- Do you consistently fight bad breath? NO YES
- Have you ever been diagnosed with gum / periodontal disease? NO YES
- Are any of your teeth loose? NO YES – Please circle UPPER/LOWER RIGHT/LEFT FRONT/BACK

Medical History – Please circle any of the following that you **have or have had in the past**:

Heart Disease	Kidney Disease	Seizures
Heart Attack	Anemia	Numbness
High Blood Pressure	AIDS / HIV+	Tremors
High Cholesterol	Artificial Heart Valve	Depression
Heart Murmur	Excessive Bleeding	Acid Reflux
Diabetes	Mouth Ulcers	Seasonal Allergies
Arthritis	Stroke	Thyroid Disease
Hepatitis A, B, or C	Pace Maker	Mitral Valve Prolapse (MVP)
Asthma	Liver Disease	Emphysema / COPD
Cancer	Tuberculosis	Drug Addiction
Stomach Ulcers	Low Blood Pressure	
Psychiatric Treatment	Other: _____	
Artificial Joint: What _____	Year _____	

Patient Health History

Please list **ALL** medications you are currently taking:

Are you allergic to any medications such as penicillin, aspirin, codeine, sulfa or others? Please list:

Do you smoke: NO YES If so, how many per day? _____

Are you a snuff user: NO YES If so, how often? _____

Women: Are you pregnant or suspect you might be? NO YES

Patient Signature

Date

**Pilot Point Dentistry
1246 Hwy 377 S., Suite 500
Pilot Point, TX 76258
940-686-2201**

HIPAA PRIVACY ACT CONTRACT

The Health Insurance and Accountability Act (HIPAA) requires that all patients receive a copy of the dental office's HIPAA policy.

Please sign this form and give it back to our receptionist to put into your patient chart.

Patient Signature

Date

Pilot Point Dentistry Patient Financial Policy

We are committed to providing you and your family with the best possible dental care. In order to achieve this, we want you to understand our financial policy. Below we have provided detailed information pertaining to this policy. All, or only some of this policy, may apply to you and your current situation. This policy may also depend on what you are being seen for.

- We will file insurance claims on your behalf if your coverage is currently in effect. You are responsible for your copay or deductible at the time of your visit. If we have not heard from your insurance company after 30 days, then the balance becomes the patient's responsibility.
- When the doctor performs a procedure, the insurance company will first apply your deductible, if any, and the insurance company will pay their portion. We strive to estimate your portion owed at the time of services, but sometimes the insurance company pays less than anticipated. It is the responsibility of the patient to pay any remaining balance.
- Not all services are medically necessary. Some insurance companies arbitrarily select service(s) they will not cover. You are responsible for these services. Please be advised that as a dental care provider, our relationship is with you and not your insurance carrier.
- Payment for cosmetic procedures is due at the time the service is rendered. The doctor or staff will inform you, to the best of their knowledge, what procedures insurance carriers deem as "cosmetic." Should there be any question, we will submit a predetermination request to your insurance carrier before we start any treatment.
- Full payment is due at the time services are rendered for all self-paying or non-insured patients. We accept cash, Visa, MasterCard, American Express and Care Credit. If you file your own insurance, you will be provided with a detailed receipt to include all pertinent information for you to file the claim.
- We do not accept or file on Medicaid or CHIP.

If you have any questions regarding this financial policy, please don't hesitate to ask us.

Please sign below as recognition that you are aware of our policies.

Signature

Date

Dental Treatment Consent Form

1. Health Information

I agree to disclose all current **AND** previous illnesses, conditions and medical history. Undisclosed medical information and current medications, allergies or illnesses are potential risk factors. We cannot treat you without an accurate and up-to-date medical history.

2. Drugs, Latex and Medications

I understand that antibiotics and other medicines can cause allergic reactions, even life-threatening reactions. Also, some antibiotics can interfere with birth control pills. Latex allergy can cause itching and rash. Epinephrine in local anesthetics may cause a transient increase in heart rate, and in rare cases, may be dangerous.

3. Needle Stick

If someone is inadvertently stuck with a needle or other sharp instrument, I consent to have blood drawn for analysis.

4. Fillings, Crowns and Unanticipated Root Canals

Some teeth may need a root canal even after a simple filling. Fillings and crowns do take away tooth structure, and in a small percentage of these, teeth end up needing a root canal after the filling or crown is done.

5. Root Canals Can Fail

Root canals can fail and may require additional or specialized treatment. The tooth may even have to be extracted in some cases.

6. Porcelain Crowns, Veneers, Bonding and Cosmetic Fillings

Porcelain crowns, veneers, bonding and composite fillings are esthetically pleasing. However, they may chip or break at some point in the future. The patient is responsible for payment of repairs or remakes. Once a crown, veneer, bonding or filling is placed, the color **cannot** be changed. Pilot Point Dentistry places mostly composite fillings and not amalgam (silver). If there are differences in coverage by your insurance carrier relating to what particular material used, you will be responsible for the difference.

7. Gum Treatment and Requesting Just a Cleaning

Lack of good daily oral hygiene will lead to more serious gum disease. Flossing daily is an integral part of good daily oral hygiene care. Smoking directly contributes to gum disease. I agree that if I need more intensive gum treatment, I will not insist that I simply get a regular cleaning. All new patients to our practice are required to undergo a complete dental exam with accompanying x-rays.

8. Exams and X-rays

I understand and agree that I will be required to have an exam and x-rays one time per year. The Texas State Board of Dental Examiners mandates patients have an exam within one calendar year or you cannot legally see a hygienist.

9. Extractions and Surgery

I understand that all dental extractions and surgeries carry risks. Some are minor such as a dry socket following a dental extraction. Some are life-threatening such as post-surgical infection or anaphylaxis.

10. Fee for Additional or Specialty Care

I understand that I may require treatment beyond what was planned, such as when a crowned tooth becomes painful and needs a root canal. I understand that I may be referred to a specialist for that additional care. I agree to be financially responsible for the additional specialty care.

11. Cancelled Appointments

I agree to give 24 hours' notice if I need to cancel an appointment. Since this time has been exclusively reserved for you, we reserve the right to charge you a broken appointment fee of \$45 per hour if we did not receive notice of cancellation. If you fail to provide 24 hours' notice of cancellation of an appointment two consecutive times, we reserve the right to charge you a fee of 50% of your planned treatment to reserve your spot for your next appointment.

12. Requesting Record Transfers

Professional courtesies are between dentists. I agree not to request records until I have a new dentist.

13. Hygiene Appointments

I understand that if I am more than 15 minutes late for my appointment, I will need to reschedule.

14. Adequate Time Must be Allowed for Dental Treatment

We reserve the right to reschedule your appointment if you are late. Please arrive 10 minutes early so that we may be able to begin your treatment on time. If, during the course of treating a patient, it is determined that additional treatment will be needed, and there is not sufficient time remaining to complete all procedures, you may be asked to schedule additional time at a future appointment(s) for completion of the work needed.

15. Patient Waiting Time

We understand your time is important. We try to minimize your wait time in the office. However, dental treatment is not always predictable. On occasion, we may run behind because we will not sacrifice the quality of our patients' care. Thank you for your understanding.

16. Dental Treatment Can be Complicated

Dental treatment can be complicated, and while we will try to anticipate any potential changes to a treatment plan in advance, we may not be able to realize some problems with teeth and the surrounding tissues until treatment has begun. If at any point during treatment there is an instance where additional treatment or different treatment is needed beyond that which was planned, we will inform you of our findings and discuss new treatment options.

17. Family Members in the Treatment Areas

We have limited space in the treatment areas of our office. Our facilities do not allow for non-patients to be present chairside. One adult may accompany a minor to the treatment areas if you desire. However, we do ask that no more than one family member be present. Also, please arrange for childcare when appropriate. We cannot be responsible for managing children that are with adults undergoing treatment. Our services require the full attention of our staff and doctors.

18. Consumer Information

Please allow us the opportunity to solve any problems you may have within our dental office. However, complaints may be addressed to the Texas State Board of Dental Examiners, 333 Guadalupe, Tower 3, Suite 800, Austin, TX 78701. Phone # 512-463-7452.

I do not expect guarantees in dental care. I have read this form and consent for treatment.

Patient / Guardian Signature

Date