Thank you for choosing our office to assist you with your dental needs! Please fill out the information below as best you can, and please provide your signature on both sides.

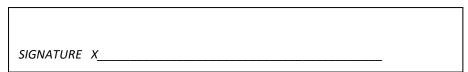
For internal use							
only							
Dr							

Patient Information										
	ame									
	/ SE									
	Address State ZIP									
	one									
Emerge	ency Contact Person				_ Emergency Contact Number	er				
Do you have dental insurance? Whom may we thank for referring you?										
Preferred method of contact Call Text Other (please specify)										
Medical History										
ivieuitai nistoi y										
✓ Check only if you have (or had) any of the following:										
	AIDS/ HIV Positive		Cough up blood	0	Nervous problems	Swelling of	feet or ankles			
	Anemia		Diabetes (I/II)		Pacemaker/Heart Surgery	☐ Thyroid dis				
	Arthritis/Rheumatism		Epilepsy		Psychiatric care	malfunctio				
	Artificial joints		Food allergies		Rapid weight gain or loss	☐ Tobacco ha	••			
	Asthma		Glaucoma		Radiation treatment					
	Atopic (allergy prone) Back problems		Headaches Heart murmur		Respiratory disease	☐ Tonsillitis ☐ Tuberculos	ric			
	Blood disease		Heart problems		Rheumatic/Scarlet fever	Ulcer/Colit				
	Blood transfusions		Hemophilia/ Abnormal		Serious illnesses or	☐ Venereal d				
		-	bleeding		Operations	Other (plea	ase list			
	Cancer		Herpes Hepatitis (A/B/C)		Shingles	anywhere	below)			
	Chemical dependency/		High blood pressure		Shortness of breath	Are you allergic or had	any adverse			
	illicit drug use		Kidney disease or		Skin rash	reaction to any of the f	following?			
	Chemotherapy		malfunction		Spina Bifida	☐ Penicillin☐ Local anest	.h.a.t.			
	<u></u>	. 📮	Liver disease		Stroke	☐ Local anest				
	Circulatory problems Cough, persistent		Mitral Valve Prolapse Material allergies (latex,		Surgical implant	narcotics	other			
	Cough, persistent	-	wool, metal, chemicals)	-	Surgical implant	Women:				
			wooi, metai, chemicais,			☐ Pregnant o	or planning on			
						becoming	to be pregnant			
Prim	ary Doctor Name					☐ Nursing				
Phone						~	h control or			
	hormone treatments?									
	DI.		Are you taking any of the		-					
	Please	provide us witi	n the list of all of your medi	cations, if	possible, so that we can bette	r treat you:				
	Aspirin		High blood pr			☐ Cortisone or other	er steroids			
	Anticoagulants (blood thinners	e.g	Antidepressa		·					
Coumadin) Insulin or other diabetic medicine Nitroglycerin										
	Other:		- Milloglyceriii							
			Denta	l History						
1. Do your gums bleed while brushing or flossing? YES NO 11. Have you ever had instructions on the correct method YES NO 1										
2. Are your teeth sensitive to hot or cold liquid/foods? YES NO Of brushing your teeth?										
3. Are your teeth sensitive to sweet or sour liquids/foods? YES \(\square\) NO \(\square\)					Have you had any orthodontic trea		YES NO			
4. Do you feel pain to any of your teeth?					13. Have you ever had any difficult extractions in the past? YES NO					
							YES 🗌 NO 🗍			
6. Do you have frequent headaches? 7. Do you closely as gried your teeth? YES NO SECTION SEC							vour iaw?			
7. Do you cientif or grind your teetin?							YES NO			
8. bo you bite your rips of cheeks frequently:							YES NO			
9. Have you had any head, neck or jaw injuries? 10. Have you ever had any instructions on the care of your gums? YES NO YES NO					Difficulty in opening or closing?		YES NO			
Difficulty in chewing? YES NO PED NO PED NO PE										
							_ _			
Signature					Date/					

AKNOWLEDGMENT OF NOTICE OF PRIVACY ACT OF PRACTICES

Prime Time Dental — Dental Medicine Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. We will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

BY SIGNING THIS FORM BELOW, I AKNOWLEDGE THE RECEIPT OF THE NOTICE OF PRIVACY ACT OF PRACTICES.



Written Financial Policy

Thank you for choosing **Prime Time Dental**. 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 several payment options.

Payment Options:

- <u>Credit card</u>: you can choose from: Visa, Mastercard, American Express, Discover Card
- <u>Cash:</u> we will gladly offer you a discount for all-cash payments.
- NO INTEREST¹ Payment Plans² from <u>Care Credit</u> *(inquire within!)
 - *Allows you to pay over time with no interest
 - *Convenient, low monthly payment plans
 - *No annual fees or pre-payment penalties

Please note:

- Prime Time Dental requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case. For plans requiring multiple appointments, alternative payment arrangements may be provided. For larger, more comprehensive treatment plans of \$2000 or more, a \$500 deposit is required to secure your initial treatment appointment.
- For patients with dental insurance, we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment³.
- ❖ Your appointment slot is reserved just for you. As a courtesy to our dental staff, as well as to other patients, please do kindly notify us in advance if you are unable to make it. A fee of \$40 will be charged for patients who miss their scheduled appointments without at least a 24 hour cancelation request⁴.

If you have any questions, please do not hesitate to ask. We are here to help you get the best dental care possible.

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Patient, Parent, or Guardian								
Signature	Date							
$^{\mathrm{1}}$ If paid within the promotional period. Other	wise, interest assessed from purchase date. I	Minimum monthly payment required.						
² Subject to credit approval								
³ However, if we do not receive payment from treatment fees and collection of your benefits of		will be responsible for payment of your						

⁴Apart from emergency circumstances.