



Scott A. Hoffman, D.D.S.
 General and Preventive Dentistry
 A Professional Corporation

Please complete the following Confidential Information

PATIENT INFORMATION

E-Mail _____ Cell Phone _____
 Date _____ Home Telephone _____ Office Telephone _____
 Name _____ Employer _____
 Address _____ Business Address _____
 City _____ Zip Code _____ City _____
 Birthdate _____ Age _____ Position _____
 Marital Status _____ Social Security # _____

IF THE PATIENT IS A CHILD

Name of Parent or Guardian _____
 School _____ Grade _____

SPOUSE INFORMATION

Name _____ City _____
 Employer _____ Business Phone _____ Ext. _____
 Business Address _____ Position _____

Whom may we thank for referring you? _____

GENERAL INFORMATION

Convenient appointment time _____ Person responsible for account _____
 Are you available for appointments on short notice _____ Relationship to patient _____
 Person to contact for emergency _____ Driver's License # _____
 (not at same address) _____ Bank _____ Branch _____
 Relationship to patient _____
 Their telephone _____

IF YOU HAVE DENTAL INSURANCE, PLEASE FILL IN THE FOLLOWING:

PRIMARY CARRIER

SECONDARY CARRIER

Name of insured _____
 Social Security # _____
 Insurance carrier name _____
 Birthdate _____
 Employer _____
 Union or Local # _____
 AID or Group # _____
 Date employed _____

Name of insured _____
 Social Security # _____
 Insurance carrier name _____
 Birthdate _____
 Employer _____
 Union or Local # _____
 AID or Group # _____
 Date employed _____

PATIENT'S MEDICAL HISTORY

Please answer EACH question

- | | |
|--|---|
| <p>1. Are you in good health? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Date of last physical examination? _____</p> <p>3. Have you ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Are you taking any drugs or medications, If so, What? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you sensitive or allergic to any drugs? If so, which drugs? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you take any recreational drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Do you take any herbal supplements? If yes, what? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you take Ephedrine/ Ephedra? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>9. Have you ever taken Fen Phen <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Are you taking any over the counter medications? If so, What? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Do you wear a cardiac pacemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you ever had heart surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Are you now under the care of an M.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Have you had any serious illness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Blood pressure, if known _____</p> <p>16. Have you ever been exposed to the Aids Virus? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are you on blood thinners? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|---|

Physician's name _____
Address _____ Phone _____

18. Do you have, or have you had any of the following:

Y N

- Rheumatic Fever
- Blood Diseases
- Hepatitis, jaundice or liver disease
- Respiratory Disease
- Tuberculosis
- Nervous Disorders
- Diabetes
- Excessive Bleeding
- Mitral Valve Prolapse

Y N

- Heart Ailments
- Heart Murmur
- High Blood Pressure
- Kidney Disease
- Tumors or Growths
- Radiation treatment of any kind
- Allergies
- Asthma or hay fever
- Latex Allergy

Y N

- Fainting spells or seizures
- Sinus trouble
- Rheumatism or arthritis
- Head Injuries
- Stomach Ulcers
- Venereal Diseases
- Epilepsy
- Stroke
- Artificial Joints
- Sexual transmitted diseases

FOR WOMEN ONLY

Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what month? _____
Obstetrician's name _____ Phone _____
Address _____

DENTAL HISTORY

- | | |
|--|--|
| <p>1. How long since you've been to a dentist? _____</p> <p>2. How often do you floss your teeth? _____</p> <p>3. How often do you brush your teeth? _____</p> <p>4. Have you ever been treated for periodontal Diseases? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>5. Have you ever had any complications from an extraction? <input type="checkbox"/> Y <input type="checkbox"/> N
Explain: _____</p> | <p>6. Have you ever had a popping or clicking near your ear when chewing? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>7. Do you grind your teeth? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>8. Do your gums bleed when you brush? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>9. Do you have sores, blisters or swelling on your gums, lips or cheeks? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>10. Have you ever had orthodontic treatment? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>11. When was your last set of full mouth X-rays taken? Date: _____ Where? _____</p> |
|--|--|

REMARKS

IS THERE ANY ADDITIONAL MEDICAL OR DENTAL INFORMATION WE MAY NEED TO KNOW BEFORE BEGINNING TREATMENT? _____

CONSENT

The undersigned hereby authorizes Doctor to take radiographs, study models, photographs, or any other diagnostic aids deemed appropriate by Doctor to make a thorough diagnosis of the patient's dental needs. I also authorize Doctor to perform any and all forms of treatment, medication and therapy, that may be indicated in connection with (Name of Patient) _____ and further authorize and consent that Doctor choose to employ such assistance as he deems fit. I understand that responsibility for payment for Dental Services provided in this office for my dependents or myself is mine, due and payable at the time service are rendered. Signature _____ Date _____

Relationship to Patient _____

HEALTH HISTORY UPDATE

Date _____
 Changes _____
 Signature _____

Date _____
 Changes _____
 Signature _____

INSURANCE INFORMATION AND AUTHORIZATION

This office is happy to help you process your insurance. We will complete our portion of the claim form and mail the forms promptly and at no charge to the patient.

We include patients with dental insurance in our normal monthly billing routine.

Insurance coverage usually is limited to a portion of the fee agreed to by you in our office. There categorically is no such thing as a "UCR" fee for any nation, state or zip code that is not created internally by the insurance industry. The limits of your coverage are based upon such things as premium amounts and profit margins designed by the insurance company. The insurance companies are solely responsible for those numbers.

We are not members of any groups, nor do we agree to any fee schedules other than those agreed to between you and this office. When you receive treatment in this office you agree to be financially responsible for the entire fee in this office, independent of insurance coverage.

I authorize payment of benefits directly to the provider.

I authorize the release of all necessary information to the insurance carrier and their representatives.

I understand and agree that where appropriate, credit bureau reports may be obtained.

I have read this form and agree to be financially responsible.

DATE: _____

A WORD ABOUT MISSED APPOINTMENTS

The nature of our practice is to give our patients the utmost in dental care and service in a sterile and professional environment. We make every attempt to see you at your reserved appointment time. However, since we are sometimes faced with emergencies during the day we may run behind schedule. This happens only on occasion so please excuse any delays. We promise to give you the same careful attention and dedicated time.

In fairness to others and to enable us to efficiently plan the day's schedule, it is necessary that you give us sufficient prior notification if you need to reschedule your dedicated appointment time. In the light of this we have established the following protocol:

There will be a charge added to your account for any missed or cancelled appointments unless we have been given 48 hours prior notice. We do not accept cancelations via email or messages left on the machine you must call the office during open hours. This charge will vary depending on the amount of time set aside for your particular appointment. The minimum charge would be \$75.00 and additional charges are based on the time reserved.

We thank you for helping our office run as smoothly and efficiently as possible for all patients, and by arriving for your dedicated appointment on time.

Signature: _____ **Date:** _____

YOUR SIGNATURE AFFIRMS THAT YOU HAVE READ THE ABOVE PROTOCOL

FINANCIAL POLICY

It is customary in our office to make financial arrangements with our patients for the payment of treatment fees. This is done routinely to avoid misunderstanding regarding fees quoted and methods of payment to the commencement of scheduled treatment. (except in the case of emergencies.) Financial arrangements generally include a written estimate, with a copy for the patient.

On major dental work (crowns, bridges, implant, onlay and dentures) one half of the cost is expected the day the work is initiated. Typically, insurance companies cover 30 to 50 % on major work. The balance is due when the service is completed.

Please be aware that if you would like us to help with your insurance we are happy to do so. It is your responsibility, however to make sure we have accurate, up to date personal, employer and insurance company information.

If your claim is returned to our office for any other reason than to clarify the Dentist's statement, the insurance claim will forwarded to you to pursue or to verify or complete patient information. You will be responsible for professional service fees regardless of what benefit you do or do not receive from your insurance company payable in full 90 days from treatment.

Please be aware that while we will continue to try to help you with your insurance, our primary concern must be in keeping you healthy. Of all concerned- the purchasing employer, the covered employee, in insurer, and the Dentist, only the Dentist has no contract with, nor any control over the Insurance Company. We are merely trying to help you on a no charge, public service basis.

All balances are to be paid in full within 90 days unless a financial arrangements for major dental work have been made in writhing for extended payments. A service charge of 10% per month will be incurred to all account over 90 days. Failed appointment or appointments cancelled less than 48 hours prior are subject to charges.

I hereby consent to treatment and assign benefit payments directly to the office of Scott A Hoffman D.D.S.

Sign: _____ **Date:** _____

PATIENT ACKNOWLEDGEMENT OF DENTAL MATERIALS FACT SHEET AND NOTICE OF PRIVACY PRACTICES

I, _____ acknowledge I have received from Dr. Hoffman a copy of the Dental Materials Fact Sheet Dated May 2004.

Signature: _____ Date: _____

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Purpose of consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this consent. Our notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosure we may make of your protected health information, and of other important matters about your protected health information. A copy of our notice accompanies this consent. We encourage you to read it carefully and completely before signing this consent.

We reserve the right to change our privacy policies as described in our notice of privacy practices. If we change our privacy practices, we will issue a revised notice of privacy practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

Right to Revoke: You will have the right to revoke this consent at any time by giving us a written notice of your revocation submitted to Scott A. Hoffman D.D.S. Please understand that the revocation of this consent will not affect any action we took in reliance on this consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this consent.

I have had full opportunity to read and consider the contents of this consent form and the notice of privacy practices. I understand that by signing this consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities, and healthcare operations.

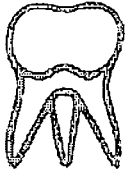
Signature: _____ Date: _____

The Facts About Fillings



DENTAL BOARD OF CALIFORNIA

www.dbc.ca.gov



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.

** Business and Professions Code 1648.10-1648.20*

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 mercury 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 Materials – Advantages & Disadvantages

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”
- 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

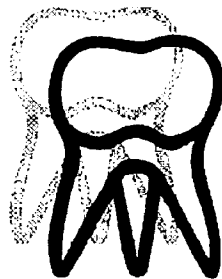
Composite fillings are a mixture of powdered glass and plastic resin, sometimes referred to as white, plastic, or tooth-colored fillings. It is used for fillings, inlays, veneers, partial and complete crowns, or to repair portions of broken teeth.

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



Dental Materials – Advantages & Disadvantages

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



Dental Materials – Advantages & Disadvantages

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

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