

DENTAL HISTORY

- Date of last dental visit: _____ Reason for today's visit _____
- While seated in the dental chair do you prefer Listening To Music Talking Silence
Other _____
- Do you brush daily? Yes No Do you floss daily? Yes No
- How much soda pop or sports drinks do you consume every week?

- Have you ever had any complications following dental treatment? Yes No If so what?

- Are you having pain or sensitivity at this time? Yes No Explain:

- Are you nervous or apprehensive about dental treatment? Yes No
- Are you unhappy with the appearance or color of your teeth? Yes No
Explain: _____
- Have you recently whitened your teeth? Yes No
When: _____
- Have you ever had an unusual reaction to dental anesthetic? Yes No
- Have you ever had any of the following? (Circle any that apply)

Bleeding/Sore Gums

Food Trapped Between Teeth

Periodontal/Gum Treatment

Clinching/Grinding Teeth Loose/Shifting Teeth

Extraction Complications

Orthodontic Treatment (Braces)

TMD/Clicking Jaw

Sensitivity to Hot/Cold

Facial/Dental Trauma

Health Questionnaire Consent & Financial Policy

I certify that I have read and understand the above and that the information given on this form is accurate. I understand the importance of a truthful health history and that Dr. Williams and his staff will rely on this information for treating me. I acknowledge that my questions, if any, about inquiries set forth above have been answered to my satisfaction. I will not hold Dr. Williams or his staff responsible for any action they may or may not take because of errors or omissions that I may have made in the completion of this form. Since a change of medical condition or medications can affect dental treatment, I understand the importance of and agree to notify Dr. Williams of any changes at any subsequent appointment. I authorize Dr. Williams to perform all general preventative and operative treatment procedures necessary to maintain my oral and dental health including administration of local or topical anesthetics, nitrous oxide, or prescription drugs for pain, infection, or medical condition.

All dental services must be paid for at the time services are rendered. If you have insurance, your portion must be paid for at the time of service, unless financial arrangements are made prior to treatment. Even though you have insurance, you are personally responsible for payment of dental services whether or not your insurance pays for claim. This agreement also Pincrest Dental to share patient information with third party insurance companies in order to complete claims submission.

Our office will gladly help prepare and submit the insurance forms of patients and will credit any such payments received from your insurance to the patient's account. However, this office cannot render services on the assumption that our charges will be paid in full by any insurance company. Please allow 24 hours notice for appointment cancellations, broken appointments without notification are subject to a \$40 fee.

Terms: Net 30 days. Interest at the rate of 1.5% per month (18% annum), will be charged on all past due balances. In the event the account is delinquent and satisfactory arrangements have not been made for payment, all legal fees, attorney fees, court costs, including charges and collection agency fees of up to 40% of the balance assigned, with our without suit.

Signature of Patient or Legal Guardian

Date



INFORMED CONSENT TO PHOTOGRAPH

I, _____, do hereby give consent for Dr. Tyler
(Patient/Legal Guardian)

Williams to take and/or display photograph(s) of my smile, including my teeth, lips and face. The photograph will be used for a record of my dental care, and may be used for educational purposes in lectures, demonstrations to other patients, and professional publications and/or marketing. My personal information, name, and identity will be kept strictly confidential.

Signature: _____ Date: _____

Relation to Patient: (circle one)

Patient
Legal Guardian

Please provide an email address if you'd like us to email you a copy of your photos: _____