

TEXAS ORTHODONTICS

NEW PATIENT FORMS

Basic Info

Patient Name _____
D.O.B. ___/___/___ SSN# _____-____-_____
Drivers License # _____
Home Address _____
City _____ State _____
Zip Code _____
Home Phone (_____) _____-_____
Cell Phone (_____) _____-_____
Email Address _____

How would you like to receive appointment reminders? (Check applicable)

- Home Phone Call Cell Phone Call
 Cell Phone Text Email

What school does the patient attend?
(If applicable) _____

Patient hobbies or interests? _____

Who may we thank for referring you?
(Check one)

- Mail Insurance
 Billboard Other: _____
 Dentist Friend/Family: _____



Parent/Guardian Info

First Name _____
Last Name _____
Relationship to Patient _____
D.O.B. ___/___/___
SSN # _____-____-____ DL# _____
Home Address (If different) _____

City _____ State _____
Zip Code _____
Home Phone (_____) _____-_____
Cell Phone (_____) _____-_____



Insurance Info

Insurance Company _____
Insured Name _____
Insured D.O.B. ___/___/___
Insured SSN # _____-____-_____
Subscriber ID _____
Group Number _____

Employer _____
Address _____
City _____ State _____
Zip Code _____



Emergency Contact

First Name _____
Last Name _____
Address _____
City _____ State _____
Zip Code _____
Home Phone (_____) _____-_____
Cell Phone (_____) _____-_____
Relation to the Patient _____



Dental History

When was the Patient's last dental exam and cleaning?
_____/____/____

Dentist Name _____
If you go to a chain (ex. Perla, Monarch, Etc) please list city _____
Phone Number (_____) _____-_____



TEXAS ORTHODONTICS

HEALTH HISTORY



Patient Name _____ Date _____

Physician Name: _____

Phone Number _____ Date of last visit: _____

Currently under a Physician's care? (Circle One) YES NO

Is patient currently taking medication? (Circle One) YES NO

If yes, please list medications _____

Is patient allergic to any medication? (Circle One) YES NO

If Yes, please list allergies _____

Has patient had any major accidents or surgery? (Circle One) YES NO

If Yes, please list _____

Has patient ever been premedicated prior to dental treatment? (Circle One) YES NO

If Yes, please list _____

Please circle if the patient has had any of the following:

- | | |
|-------------------------------------|------------------------------------|
| YES NO Anemia | YES NO Bone Disorders |
| YES NO Blood Disease | YES NO Epilepsy |
| YES NO Prolonged Bleeding | YES NO Herpes or Venereal Disease |
| YES NO Hepatitis | YES NO Emotional Distress |
| YES NO AIDS or HIV positive | YES NO Radiation Treatment |
| YES NO Jaundice | YES NO Tonsillitis |
| YES NO Malignancies, Tumors, Cancer | YES NO Mononucleosis |
| YES NO Rheumatic Fever | YES NO Tonsils Removed - Age ____ |
| YES NO Currently Smoking | YES NO Adenoids Removed - Age ____ |
| YES NO Smokeless Tobacco | YES NO Asthma |
| YES NO Heart Disease or Murmur | YES NO Mouth Breathing |
| YES NO Tuberculosis | YES NO Disability |
| YES NO Diabetes | YES NO Currently Pregnant |
| YES NO Endocrine Problems | How many months? _____ |

By signing below, You agree that the information on this form is true and accurate to the best of your knowledge.

Parent/Guardian Signature _____ Date _____



Financial Policies

1. Orthodontic fees do not include routine cleanings, extractions, repair of decay, repair of teeth damaged through trauma, etc. **Routine dental examinations and cleanings are necessary every six months while wearing braces.** You should be current with your cleaning schedule and complete any repair of decay or gum treatments before starting braces. **We may recommend more frequent visits to your dentist for cleanings if oral hygiene is not satisfactory.**
2. The fee quoted is based on full patient cooperation throughout both active and retention periods of treatment enabling the best possible result in the shortest possible time. Additional charges will be made for non-cooperation by the patient after notifying the responsible party. In the event of non-cooperation by either the patient or the responsible party, we reserve the right to charge a fee of \$125 per office visit until treatment is completed. **If treatment exceeds estimated treatment time by 4 months due to patient non-compliance or other reasons beyond our control; we reserve the right to charge an additional \$125 per month until treatment is completed.** Broken brackets or appliances can greatly slow treatment progress and treatment outcome.
3. We reserve the right to terminate treatment. **Crooked teeth without decay are, in our opinion, better than straight teeth with decay. We take hygiene very seriously** and will do our best to coach patients and parents in proper oral care. Please remember that this is a team effort. **Steps taken to collect on Past Due Accounts:**
 - a. You will receive a series of 2-3 letters and/or statements notifying you of your accounts delinquency until the account is brought current or until reasonable payment arrangements are made.
 - b. In the event that the account is not brought current the last letter you will receive in the mail will be notice that we are terminating treatment and that you have 30 days to select another orthodontist and commence treatment elsewhere. At this time, if we so choose, legal action may be taken in order to collect on the past due account.
4. *If applicable:* **Please note that fees quoted at start of Phase I treatment do not include fees associated with Phase II treatment.** Phase II treatment is usually necessary in most but not all cases where the patient has undergone Phase I treatment. In the event that there is a necessity for a Phase II, treatment fees will be presented at the time Phase II treatment commences.
5. Patients who have excessive breakage of braces and wires, more than 5 during treatment, will be charged \$20.00 for each wire or bracket repair. Please be careful not to lose or damage retainers, headgears, biteplates or any appliances. There are additional fees for loss or breakage of these appliances. **Broken brackets or appliances can greatly slow treatment progress and treatment outcome.**
6. **Expected orthodontic benefits on the financial contract are only an estimation.** Any benefit not paid by the insurance company becomes the patient/parent's responsibility to pay. We file insurance as a courtesy to you; it is the patient/parent responsibility to handle problems with their insurance and to inform us of any changes in their health, address, phone number, employment, etc. We are not responsible for any unpaid insurance benefits; it is ultimately the insured's responsibility to keep up with insurance payments being made on their behalf to this office.
7. The fee quoted includes **one set of retainers and one year of retention care.** During this one year, we do not charge for office visits. However, charges will apply for retainer repairs or replacements. Once the retention care time expires, an office visit fee of \$85 will apply.
8. I understand that, in the opinion of Texas Orthodontics/Perla Orthodontics, the services or items that I have requested to be provided to me may not be covered under the Texas Medical Assistance Program as being reasonable and medically necessary for my care. I understand that HHSC or its health insuring agent determines the medical necessity of the services or items that I request and receive. I also understand that I am responsible for payment of the services or items. I request and receive if these services or items are determined not to be reasonable and medically necessary for my care.

Appointment Policies

1. Appointments are scheduled at intervals from one to eight weeks. We will try our best to accommodate your schedule but cannot guarantee any appointment times. Please try to keep scheduled appointments. **Arriving late, missed appointments, and increasing the treatment interval (i.e. coming in 6 weeks instead of 4) to get an after-school appointment are some of the most common reasons treatment time is extended.** Please Note: Our schedule books 4-6 weeks in advance. If you reschedule your appointment at the last minute, there may not be another appointment available for that time period. *If you are more than 15 minutes late for your scheduled appointment we reserve the right to reschedule your appointment.*
3. **We cannot guarantee that you will be able to schedule a Saturday appointment every month,** Saturday appointments are available for our Terrell & Frisco patients only. If for any reason you are not able to make your scheduled appointment, you must cancel with a 24 hour notice. Due to the high demand of our Saturday appointments, we cannot continue to offer Saturday appointments to patients that miss a Saturday appointment without notifying our office.
4. Due to the high demand of after school appointments, we will not always have late appointments available. Contrary to popular belief, a student's absence to attend a medical or dental appointment does not count against the average daily attendance report as long as the student returns to class the same day. (Texas Education Code 25.087: b). If you are having a problem with your school about your child attending appointments with us, we will be happy to provide documentation to give your child's attendance office.

I HEREBY CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO THE OFFICE POLICIES

**SIGNATURE OF PARENT/GUARDIAN
OR PATIENT 18 YEARS OR OLDER**

DATE



This notice describes how medical and dental information about you and/ or your child may be used and disclosed and how you can get access to this information. Please review it carefully. Your protected health information (i.e. individually identifiable information, such as names, dates, phone/fax numbers, email addresses, home addresses, social security numbers, and demographic data) may be used or disclosed by us in one or more of the following respects:

1. To other health care providers (i.e., your/ or your child's general dentist, oral surgeon, etc.) in connection with our rendering orthodontic treatment to you or your child (i.e., to determine the results of cleaning, surgery, etc.);
2. To third party payers or spouses (i.e., insurance companies, employers with direct reimbursement, administrators of flexible spending accounts, etc.) in order to obtain payment of your account (i.e., to determine benefits, dates of payment, etc.);
3. To certifying, licensing and accrediting bodies (i.e., the American Board of Orthodontics, state dental boards, etc.) in connection with obtaining certification, licensure or accreditation;
4. Internally, to all staff members who have any role in your/or you child's treatment; and or,
5. To other patients and third parties who may see or over hear incidental disclosures about your/ or your child's treatment, scheduling, etc.;
6. To your family and close friends involved in your/your child's treatment;
7. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you;

And other uses or disclosures of you, or your child's protected health information will be made only after obtaining your written authorization, which you have the right to revoke.

1. Request restrictions on the use and disclosure of your/ or your child's protected health information;
2. Request confidential communication of your, or your child's protected health information;
3. Inspect and obtain copies of your, or your child's protected health information through asking us;
4. Amend or modify your, or your child's protected health information in certain circumstances;
5. Receive an accounting of certain disclosures made by us of your, or your protected health information; and,
6. You may, without risk or retaliation, file a complaint regarding a dental professional, by e-mailing the SBDE Enforcement Division at complaints@tsbde.state.tx.us or by phone @1.800.821.3205 (which must be filed within 180 days of the violation).

We have the following duties under the privacy rules:

1. By law, to maintain the privacy of, protected health information and to provide you with this notice setting forth our legal duties and privacy practices with respect to such information;
2. To abide by the terms of our Privacy Notice that is currently in effect;
3. To advise you of right to change the terms of this Privacy Notice and to make the new notice provisions effective for all protected health information maintained by us and that if we do so, we will provide you with a copy of the revised Privacy Notice.

Please note that we are not obligated to:

1. Honor any request by you to restrict the use of disclosure of your protected health information;
2. Amend your protected health information if, for example, it is accurate and complete, or,
3. Provide an atmosphere that is totally free of the possibility that your protected health information may be incidentally overheard by other patients and third parties.

This privacy notice is effective as of the date of your signature. If you have any questions about the information on this Notice, please ask for our Privacy Person or direct your questions to this person at our office address. Thank you.

PATIENT ACKNOWLEDGEMENT

I hereby acknowledge that I have received and reviewed a copy of this Privacy Notice

Patient/ Responsible Party

Date



INFORMED CONSENT

for the Orthodontic Patient **Risks and Limitations of Orthodontic Treatment**

Successful orthodontic treatment is a partnership between the orthodontist and the patient. The doctor and staff are dedicated to achieving the best possible result for each patient. As a general rule, informed and cooperative patients can achieve positive orthodontic results. While recognizing the benefits of a beautiful healthy smile, you should also be aware that, as with all healing arts, orthodontic treatment has limitations and potential risks. These are seldom serious enough to indicate that you should not

have treatment; however, all patients should seriously consider the option of no orthodontic treatment at all by accepting their present oral condition. Alternatives to orthodontic treatment vary with the individual's specific problem, and prosthetic solutions or limited orthodontic treatment may be considerations. You are encouraged to discuss alternatives with the doctor prior to beginning treatment.

Orthodontics and Dentofacial Orthopedics is the dental specialty that includes the diagnosis, prevention, interception and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orofacial structures.

An orthodontist is a dental specialist who has completed at least two additional years of graduate training in orthodontics at an accredited program after graduation from dental school.



Results of Treatment

Orthodontic treatment usually proceeds as planned, and we intend to do everything possible to achieve the best results for every patient. However, we cannot guarantee that you will be completely satisfied with your results, nor can all complications or consequences be anticipated. The success of treatment depends on your cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken appliances, and following the orthodontist's instructions carefully.

Length of Treatment

The length of treatment depends on a number of issues, including the severity of the problem, the patient's growth and the level of patient cooperation. The actual treatment time is usually close to the estimated treatment time, but treatment may be lengthened if, for example, unanticipated growth occurs, if there are habits affecting the dentofacial structures, if periodontal or other dental problems occur, or if patient cooperation is not adequate. Therefore, changes in the original treatment plan may become necessary. If treatment time is extended beyond the original estimate, additional fees may be assessed.

Discomfort

The mouth is very sensitive so you can expect an adjustment period and some discomfort due to the introduction of orthodontic appliances. Non-prescription pain medication can be used during this adjustment period.

Relapse

Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. Retainers will be required to keep your teeth in their new positions as a result of your orthodontic treatment. You must wear your retainers as instructed or teeth may shift, in addition to other adverse effects. Regular retainer wear is often necessary for several years following orthodontic treatment. However, changes after that time can occur due to natural causes, including habits such as tongue thrusting, mouth breathing, and growth and maturation that continue throughout life. Later in life, most people will see their teeth shift. Minor irregularities, particularly in the lower front teeth, may have to be accepted. Some changes may require additional orthodontic treatment or, in some cases, surgery. Some situations may require non-removable retainers or other dental appliances made by your family dentist.

Extractions

Some cases will require the removal of deciduous (baby) teeth or permanent teeth. There are additional risks associated with the removal of teeth which you should discuss with your family dentist or oral surgeon prior to the procedure.

Orthognathic Surgery

Some patients have significant skeletal disharmonies which require orthodontic treatment in conjunction with orthognathic (dentofacial) surgery. There are additional risks associated with this surgery which you should discuss with your oral and/or maxillofacial

surgeon prior to beginning orthodontic treatment.

Please be aware that orthodontic treatment prior to orthognathic surgery often only aligns the teeth within the individual dental arches. Therefore, patients discontinuing orthodontic treatment without completing the planned surgical procedures may have a malocclusion that is worse than when they began treatment!

Decalcification and Dental Caries

Excellent oral hygiene is essential during orthodontic treatment as are regular visits to your family dentist. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease and/or decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. These problems may be aggravated if the patient has not had the benefit of fluoridated water or its substitute, or if the patient consumes sweetened beverages or foods.

Root Resorption

The roots of some patients' teeth become shorter (resorption) during orthodontic treatment. It is not known exactly what causes root resorption, nor is it possible to predict which patients will experience it. However, many patients have retained teeth throughout life with severely shortened roots. If resorption is detected during orthodontic treatment, your orthodontist may recommend a pause in treatment or the removal of the appliances prior to the completion of orthodontic treatment.

Nerve Damage

A tooth that has been traumatized by an accident or deep decay may have experienced damage to the nerve of the tooth. Orthodontic tooth movement may, in some cases, aggravate this condition. In some cases, root canal treatment may be necessary. In severe cases, the tooth or teeth may be lost.

Periodontal Disease

Periodontal (gum and bone) disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. You must have your general dentist, or if indicated, a periodontist monitor your periodontal health during orthodontic treatment every three to six months. If periodontal problems cannot be controlled, orthodontic treatment may have to be discontinued prior to completion.

Injury From Orthodontic Appliances

Activities or foods which could damage, loosen or dislodge orthodontic appliances need to be avoided. Loosened or damaged orthodontic appliances can be inhaled or swallowed or could cause other damage to the patient. You should inform your orthodontist of any unusual symptoms or of any loose or broken appliances as soon as they are noticed. Damage to the enamel of a tooth or to a restoration (crown, bonding, veneer, etc.) is possible when orthodontic appliances are removed. This problem may be more likely when esthetic (clear or tooth colored) appliances have been selected. If damage to a tooth or restoration occurs, restoration of the involved tooth/teeth by your dentist may be necessary.

Headgears

Orthodontic headgears can cause injury to the patient. Injuries can include damage to the face or eyes. In the event of injury or especially an eye injury, however minor, immediate medical help should be sought. Refrain from wearing headgear in situations where there may be a chance that it could be dislodged or pulled off. Sports activities and games should be avoided when wearing orthodontic headgear.

Temporomandibular (Jaw) Joint Dysfunction

Problems may occur in the jaw joints, i.e., temporomandibular joints (TMJ), causing pain, headaches or ear problems. Many factors can affect the health of the jaw joints, including past trauma (blows to the head or face), arthritis, hereditary tendency to jaw joint problems, excessive tooth grinding or clenching, poorly balanced bite, and many medical conditions. Jaw joint problems may occur with or without orthodontic treatment. Any jaw joint symptoms, including pain, jaw popping or difficulty opening or closing, should be promptly reported to the orthodontist. Treatment by other medical or dental specialists may be necessary.

Impacted, Ankylosed, Unerupted Teeth

Teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone) or just fail to erupt. Oftentimes, these conditions occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstance and the overall importance of the involved tooth, and may require extraction, surgical exposure, surgical transplantation or prosthetic replacement.

Occlusal Adjustment

You can expect minimal imperfections in the way your teeth meet following the end of treatment. An occlusal equilibration procedure may be necessary, which is a grinding method used to fine-tune the occlusion. It may also be necessary to remove a small amount of enamel in between the teeth, thereby "flattening" surfaces in order to reduce the possibility of a relapse.

Non-Ideal Results

Due to the wide variation in the size and shape of the teeth, missing teeth, etc., achievement of an ideal result (for example, complete closure of a space) may not be possible. Restorative dental treatment, such as esthetic bonding, crowns or bridges or periodontal therapy, may be indicated. You are encouraged to ask your orthodontist and family dentist about adjunctive care.

Third Molars

As third molars (wisdom teeth) develop, your teeth may change alignment. Your dentist and/or orthodontist should monitor them in order to determine when and if the third molars need to be removed.

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