



Whom can we thank for your referral? _____

Please let us know what you would like to achieve at your visit today. We would like to know what your main concern is so that we can address it with you.

If you could change anything about your smile, what would it be?

Do you have any sensitive areas in your mouth?	Yes	No
Have you ever had any jaw/joint (TMJ) discomfort?	Yes	No
Do you have constant headaches or muscle aches?	Yes	No
Have you ever been diagnosed with sleep apnea?	Yes	No
Have you ever been told you have periodontal (gum) disease?	Yes	No
Have you had scaling and root planing (deep cleaning) in the past?	Yes	No
Does the appearance of your silver fillings bother you?	Yes	No
Are you interested in any cosmetic dentistry?	Yes	No
Would you like your teeth to be whiter?	Yes	No
Have you had braces in the past?	Yes	No
Do you wear a night guard for clenching or grinding?	Yes	No
Are you happy with the size and shape of your teeth?	Yes	No
Are you interested in discussing Botox and dermal fillers?	Yes	No



General Consent

Thank you for choosing Westside Dental Services for your dental care. We are excited to work with you to help achieve excellent oral health. While recognizing the benefits of a healthy smile and teeth that function well, you should be aware that dental treatment, like treatment of any other part of your body, may have some inherent risks. These risks are seldom great enough to offset the benefits of treatment, but it is our responsibility to make you aware.

Benefits of dental treatment can include: relief of pain, the ability to chew properly and the confidence and social interaction that a healthy smile can bring. Nonetheless, there are some possible risks associated with dental procedures, including:

- Drug or chemical reaction. Dental materials may trigger allergic or sensitivity reactions.
- Long-term numbness (paresthesia). Local anesthetic, or its administration, while almost always adequate to allow comfortable care, can result in transient, or in rare instances permanent numbness.
- Muscle or joint tenderness. Holding one's mouth open can result in muscle or jaw joint tenderness, or in a predisposed patient, precipitate TMJ disorder.
- Sensitivity in teeth and gums and bleeding
- Swallowing or inhaling small objects

While we always follow procedural guidelines, which most often lead to clinical success, there are occasional cases, as with any medical treatment, that do not turn out as planned. We do our very best to assure that it does. Patient care and comfort is our utmost priority. Please feel free to ask questions in regards to all the dental procedures that are recommended to you. Thank you for reading the Financial Policy and General Consent.

I have read and understand the above statements:

Patient Signature

Date



Statement of Financial Policy

At Westside Dental Services we are committed to providing you with the highest quality of care. We are pleased to discuss our professional charges with you at any time. Your clear understanding of our financial policy is important to our professional relationship.

- Payment is due at the time of service by the responsible party or by the parent/guardian that accompanies the minor. Unaccompanied minors will be seen at the digression of the doctor.
- We accept Cash, Checks, MasterCard, Visa, Discover and Care Credit(for non-insured patients only)

INITIAL:_____

INSURANCE BENEFITS ARE A CONTRACT BETWEEN YOU, YOUR EMPLOYER, AND YOUR BENEFIT COMPANY

- As a courtesy to our patients, we contact your benefit company to check on your benefit coverage prior to your appointments.
- We will file primary and secondary benefit claims.
- Benefit information is your responsibility and the estimates given to you as co-pays are intended to be only *estimates*.
- We collect the estimated co-pays at the time of treatment.
- If you do not have your current benefit information or if benefit information cannot be verified, *full payment will be expected at the time of service*.
- We allow your insurance company 30 days to satisfy your claim. If the insurance company does not pay their portion in the time allotted the balance will be your responsibility.
- You may request a pre-determination on your recommended treatment.

INITIAL:_____

OVERDUE ACCOUNTS

- We reserve the right to turn over any account over 90 days to our attorney or credit agency for collection at an additional expense to you.
- We reserve the right to charge a monthly service charge for all accounts over 30 days in the amount of 1.5% or 18% annually.

Signature

Date



Appointment Agreement

We request a minimum of one day notice to cancel or reschedule an appointment.

Initial: _____

If the patient does not give cancellation notice of one day prior or does not show up to appointment two times then it will result in dismissal from the practice.

Initial: _____

Signed: _____

Date: _____