

# Dr. David C. Medford, D.D.S.

Orthodontic ■ Cosmetic ■ Family Dentistry

## DENTAL INFORMATION & ACCEPTANCE FORM

Patient Name: \_\_\_\_\_

Please read each item listed and initial on each line that follows. Your signature and the date is required on the last page.

### 1. Health Information\*

I agree to disclose in writing all current and previous illnesses, medical and dental history, (e.g. gum disease) including all medications. Undisclosed medical information and current medication, allergies, or illnesses are risk factors. I agree to allow the use of my information only where it is necessary, for treatment or to process insurance claims. \_\_\_\_\_

### 2. Drugs, Latex and Medication

I understand that antibiotics and other medications can cause allergic reactions and/or anaphylaxis, which is a potentially life-threatening condition that can interfere with normal breathing. Also, some antibiotics interfere with birth-control pills. Latex allergy can cause rashes and itching. Epinephrine, which is used in some dental injections, increases the heartbeat, and depending on my health status, may be dangerous. \_\_\_\_\_

### 3. Needle Stick

If a staff member is inadvertently stuck with a needle used on me, I consent to my having blood drawn for analysis. \_\_\_\_\_

### 4. Fillings, Crowns and Unanticipated Root Canals

It is possible that a tooth will need a root canal, even after a simple filling or crown is done. \_\_\_\_\_

### 5. Root Canal Possible Failure

Root Canals can fail and may require additional treatment or require extraction (removal) of the tooth. \_\_\_\_\_

### 6. Fixed or removable prosthetics

Such as dentures, crowns, bridges or partials are understood to be a product that is uniquely suited to each particular patient. The full amount contracted for such services is therefore considered to be payable when the initial impression is made. As a courtesy to you we will, if necessary, accept 50% of payment at the time of initial impression. The balance must be

presented at the time of permanent seating (before the product will be released to the patient).

6. Prosthetics must be seated in a timely manor

If you fail to have your prosthetic seated within 60 days from the date of impression, and a second impression must be made, you will be charged an additional amount of one half of our current charge for such procedure.

8. Gum Treatment vs. "Just a Cleaning"

If I do not floss or if I smoke, I can expect to have a deteriorating gum condition called periodontal (gum) disease. I am aware that periodontal (gum) disease requires more treatment than a simple cleaning. \_\_\_\_\_

9. Extractions and Surgery

I understand that all tooth extractions or dental surgeries carry risks. Some are minor, like a dry socket following an extraction. Some could be life threatening, such as post-surgical infection or anaphylaxis. \_\_\_\_\_

10. Fee for Additional Care or Specialty Care

I understand that I may need treatment beyond what is originally planned (eg: a crowned tooth may still need a root canal and I may be referred to a specialist for additional care.) and an additional fee will be charged for any additional work performed. \_\_\_\_\_

11. Requesting Record Transfer

Professional courtesies occur between dental offices. Understand that any previous records will be sent directly to this dental office only. \_\_\_\_\_

12. Appointment Times and Emergency Care

It is our office policy and philosophy to be readily available for any guest in discomfort, or in an emergency situation. This courtesy is extended to all patients and we ask for your understanding when these unexpected situations arise. Out of respect for your time, we will keep you informed of such times. We thank you, in advance, for your patience. \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\*Please request a separate form to disclose your health/prescription history.