Century City Aesthetic Dentistry

Patient Information & Practice Agreement

We would like to extend a warm welcome to our practice, where helping you obtain a healthy, beautiful smile is what we love to do best! We are a full-service cosmetic and general dental practice where all procedures are performed with an artistic eye and from an aesthetic point of view. We are committed to making sure your visits with us are comfortable and enjoyable.

Tell Us About You

____ Dr. ____ Mr. ____ Mrs. ____ Ms.

Full Name:_____

I prefer to be called:_____

Who referred you to us_____

Which doctor are you here to see?

❑ **Dr. Dorfman** ❑ **Dr. Loosvelt** ❑ **Dr. Johnson**

❑ Other_____

Have you ever met any of our dentists before? ❑ Yes ❑ No

Birthdate: _____/_____/_____ ____ Male ____ Female

Social Security Number:_____

Address:_____

_____

E-mail Address: _____

Home Number: (_____)_____

Cell/Other: (_____)_____

Where and when is the best way to reach you?

_____

____Single ____Married ____Divorced ____Widowed

Occupation:_____

Employer:_____

Employer's Address:_____

Work Number: (_____)_____Ext._____

Spouse: _____

Spouse's Occupation: _____

Spouse's Employer: _____

Phone Number: _____

In the event of an emergency, who should we contact?

Name:_____

Relation to you:_____

Work Number: (_____) _____

Home Number: (_____)_____

Cell Number: (_____)_____

Dental Information

Please provide information on the last dentist you have seen:

Name:_____

Phone Number: (_____)_____

Date Range Seen:_____

Type of Treatment:_____

What is the primary reason you came to our office today?

_____

_____

_____

Are you currently experiencing pain/discomfort? ❑ Yes ❑ No

Current dental health: ❑ Good ❑ Fair ❑ Poor

Does food catch between your teeth? ❑ Yes ❑ No

Are your teeth sensitive to cold or sweets? ❑ Yes ❑ No

Any unpleasant experiences in a dental office? ❑ Yes ❑ No

If yes, please explain:_____

_____

Y	N	
__	__	Do you have dental insurance?
__	__	Are your teeth somewhat yellowed, darkened, or stained?
__	__	Have you ever experienced pain or discomfort in your jaw joint? (TMJ / TMD)
__	__	Are there spaces between any of your teeth?
__	__	Do you grind your teeth or are any of the biting edges on your teeth chipped or worn down?
__	__	Do you have a "gummy" smile – showing too much gum tissue or having gums that are too thick?
__	__	Are your gums red, puffy, or do they bleed?
__	__	Do you have any gray, black or silver (mercury) dental fillings in your teeth that you want to replace?
__	__	Do you have any old crowns that have dark edges at the top or that don't really look natural?
__	__	Do you smoke? How much? _____
__	__	Do you drink alcohol? How much? _____

Medical History

Do you consider your current overall physical health:
_____Good _____Fair _____Poor

Are you currently under the active care of a physician or do you have any present health issues?
_____Yes _____No

Please Explain:_____

Do you need to be premedicated with antibiotics for any heart or other conditions before dental treatment?
_____Yes _____No

Are you taking any prescription or over-the-counter medications? (including ibuprofen, diet supplements, etc.)
_____Yes _____No

Please list each one:_____

_____

Are you pregnant or nursing? _____Yes _____No
If yes, which trimester? _____1st _____2nd _____3rd

Have you ever had any of the following illnesses or medical problems in the past five years?

Y	N		Y	N	
__	__	Abnormal Bleeding	__	__	Hepatitis ___ Type
__	__	Alcohol/Drug Abuse	__	__	Herpes/Fever Blisters
__	__	Allergies	__	__	High Blood Pressure
__	__	Anemia	__	__	HIV +/AIDS
__	__	Arthritis	__	__	Hospitalization for Any Reason
__	__	Artificial Bones/Joints/ Valves	__	__	Jaw Pain/TMJ
__	__	Asthma	__	__	Kidney Problems
__	__	Athletes Foot	__	__	Liver Disease
__	__	Blood Transfusion	__	__	Low Back/Hip/Leg Pain
__	__	Bone / Joint Disease	__	__	Low Blood Pressure
__	__	Bursitis	__	__	Lupus
__	__	Cancer/Chemotherapy	__	__	Mitral Valve Prolapse
__	__	Colitis	__	__	Neck/Shoulder/Arm Pain
__	__	Congenital Heart Defect	__	__	Pacemaker
__	__	Diabetes	__	__	Psychiatric Care
__	__	Difficulty Breathing	__	__	Radiation Treatment
__	__	Eating Disorders	__	__	Hepatitis
__	__	Emphysema	__	__	Rashes
__	__	Epilepsy	__	__	Rheumatic/Scarlet Fever
__	__	Fainting Spells	__	__	Seizures
__	__	Frequent Headaches	__	__	Sexually Transmitted Disease
__	__	Gingivitis or Periodontal Disease	__	__	Shingles
__	__	Glaucoma	__	__	Sickle Cell Disease
__	__	Hay fever	__	__	Spasms/Cramps
__	__	Headaches	__	__	Sprains/Broken Bones
__	__	Heart Attack	__	__	Tendonitis
__	__	Heart Murmur	__	__	Thyroid Problems
__	__	Heart Surgery	__	__	Tuberculosis (TB)
__	__	Hemophilia	__	__	Ulcers

Please list any significant medical condition(s) or surgeries that you have had (not listed above):_____

_____

_____

Allergies

Are you allergic to any of the following?

Y	N		Y	N	
__	__	Aspirin	__	__	Latex
__	__	Codeine	__	__	Penicillin
__	__	Dental Anesthetics	__	__	Tetracycline
__	__	Erythromycin	__	__	Any Metals
__	__	Sulfites	__	__	Other

Please list any other drugs or items that you are allergic to:

_____

_____

Information About Your Dental Treatment

The purpose of the following sections are to inform you of the procedures that we routinely perform here, to emphasize the importance of your role and cooperation in achieving a high level of oral health and beauty, and to point out the potential risks and inconveniences that may be encountered before, during and after treatment.

Descriptions of Certain Dental Procedures

Your dental treatment may involve one or a combination of the following procedures that are summarized below.

Examinations & Hygiene Cleanings: The initial examination and hygienic cleaning are intended in part to evaluate and make recommendations regarding the health and appearance of your teeth and gums. The dental exam, hygienic cleaning, and any basic restorative (e.g., fillings) or gingival therapy may involve the touching, scaling, or periodontal probing of your teeth and oral tissues. Other or subsequent hygienic procedures (periodontal scaling, root planning, etc.) may be indicated and performed as well depending on your condition. These procedures are designed to remove plaque or calculus from your teeth and help maintain or restore the health of your gums.

A Bridge is a replacement made for missing teeth. It is usually composed of porcelain or porcelain fused to a harder substance like gold, which is bonded to adjacent teeth. These abutment teeth may require some reduction or crowning in order to support the teeth being replaced.

Crowns, Veneers, and other porcelain restorations and enhancements are designed to be life-like looking tooth restorations made out of porcelain, porcelain plus other materials or gold. A crown usually covers the entire tooth structure (although there are 3/4 crowns and other variations). Typically, more tooth structure is removed to prepare for a crown placement than for a veneer (which may entail zero, minimal or significant tooth reduction, depending on the circumstances). Crowns may be recommended for teeth requiring additional support due to a loss of healthy tooth structure. Veneers primarily cover the front of the teeth, although some varieties also have porcelain on the backside of teeth. While the porcelain enhancements are being fabricated, you will have temporary crowns or veneers, which are not intended to be permanent and are easier to remove or pop off.

Fillings or Bonding are terms that are commonly used to refer to the placement of composite resins or other appropriate materials in cavities or on teeth. Bonding can be used to make a tooth colored filling for small cavities and repair broken or chipped tooth surfaces. It can also be used to close spaces between teeth. We have not placed amalgam fillings (sometimes called silver or mercury fillings) in over a decade because we believe that there are more desirable materials such as tooth colored composites and porcelain. Although some people have had amalgams for many years, we do usually remove amalgam fillings at the patients' request. We want to make you aware that amalgam suppliers report that after placement or removal of amalgam fillings, there can be a slight,

Initials _____

but measurable increase in mercury in your blood and/or urine.

Inlays or Onlays may be the recommended treatment when teeth have had decay or are broken down but retain enough healthy tooth structure to allow for restoration of certain voids in the tooth structure. The tooth is prepared much like a normal filling. The restoration material is custom fabricated out of composite resins, porcelain, or metal, and then bonded into the void.

Whitening is performed by applying a peroxide based gel to the teeth. This can either be done in our office with an accelerated method or through a take home system. The peroxide reacts with the tooth structure to safely whiten the teeth. Porcelain or composite restorations will not whiten with peroxide whitening systems.

Tooth Contouring is the reshaping of existing tooth structure by removing small amounts of enamel, usually around the edges. We give particular attention to the edges of the upper and lower front six teeth, which may be reshaped to create a more aesthetic result.

Gum Contouring is the reshaping of the gum tissue, which is often done to give a more symmetrical appearance. This is usually done with a laser or electrosurge. In the hands of an experienced cosmetic dentist, it is a relatively simple, but dramatic procedure. Most patients report that for a day or so afterwards, it feels somewhat similar to a pizza burn when you eat pizza that's too hot.

Root Canal Therapy can be indicated anytime a tooth receives trauma, dental work performed on it, or for no reason at all. In general, the more trauma or amount of work, the higher the risk is that a root canal will be needed. This therapy consists of removing the damaged or infected nerve in the tooth and replacing it with a sterile material. If there are existing restorations in place, this procedure can many times be performed by accessing the tooth through an access hole in the restoration and then repairing it without destroying the restoration, although destruction of the existing restoration is a risk as well. The Practice attempts to predict and notify you in advance of the likelihood of root canal therapy depending on your procedure, however, all people are different and the human body can react in a myriad of unpredictable ways. Thus, it is difficult or impossible to make accurate predictions of this sort in the vast majority of cases. Therefore, regardless of cause, should you require subsequent root canal therapy or restorative work (whether obtained here or at another office), which has not been paid for as part of your Treatment Plan, you agree to be responsible for those costs. Even in a best case scenario under ideal conditions, 5% of all root canal treated teeth will not last for the duration of your life.

Local Anesthetic of various types may be used to block certain nerve impulses and numb the oral tissues before certain dental treatments. These are administered by injections to prepare for a number of both simple and complex dental and periodontal procedures.

Nitrous Oxide is sometimes called "laughing gas" and can result in feelings of relaxation, a reduced sense of fear or anxiety, increased tolerance to pain or discomfort, an altered perception of time, a tingling sensation, especially in fingers and toes, giddiness or light headedness, nausea, vomiting, incontinence, hallucinations or dreams. While the use of nitrous oxide is safe and effective for most people, it is not recommended for use on all patients. If you have any of the following conditions, you may not be a good candidate for the use of nitrous oxide: chronic obstructive pulmonary disease (emphysema), upper respiratory or throat infections, any acute respiratory conditions such as cold, flu, or sinus infection, claustrophobia, compulsive personality, taking any psychiatric mood altering drug, bowel obstructions, middle ear disturbances or pregnancy. Please notify the Practice doctor if you have any of these conditions and we will discuss other options that may be available.

Additional Treatment Information

Specific Results Are Not Guaranteed

The dental procedures described above have a very high degree of success at our Practice. The human body, however, reacts differently to different dental treatments depending on a wide variety of factors. Each individual is different and the exact result for each specific case is difficult if not impossible to guarantee. Thus, as with any branch of medicine or dentistry, our treatment carries with it no guarantee of specific results.

There are many variables that affect how long restorations, whitening, or other dental treatments can be expected to last and how the teeth and gums will react, including but are not necessarily limited to, general health, maintenance of good oral hygiene, regular dental checkups, etc. No matter how well done, chipping, breaking or loosening of dental work can occur. No guarantees can be made or assumed regarding the results or longevity of restorations, whitening, or other dental treatments.If you are provided a computer generated imaging of your smile, you understand that this is an artificial mechanism to serve as a basis for a discussion of treatment, and in no way provides a warranty or representation of specific results.

Alternative Treatments & Providers

There is usually more than one way of doing things and there may be alternative treatments to what the Practice recommends for you, which may include, but are not necessarily limited to one or more various combinations of veneers, crowns, bonding, onlays, inlays, whitening, contouring of teeth or gums, bridges, dentures, extractions, root canal therapy, fillings, orthodontics, non-surgical therapy, surgical cuterage or cleaning, tooth extractions, implant treatments, as well as a variety of other dental treatments. All dental treatments have risks, so please make sure you have had an opportunity to ask about these alternatives and have them explained to your satisfaction. In addition, the dental treatments in our office are typically, but not always, performed by a general dentist. Another option is for you to have some of the above treatments done by one or more specialists (e.g., orthodontist, endodontist, oral surgeon, etc.). After hearing general descriptions of alternative treatments, if you would like a referral to any dental specialist, let us know and we will be happy to provide a referral. If you do not ask for a referral and proceed with the treatment, this will be considered by us to mean you have declined our offer for a referral.

Non-Treatment Option

One option is to have no treatment performed. This alternative may entail a number of actual or potential risks, each of which are difficult or impossible to quantify or predict for specific cases. Some of the risks of non-treatment may include, but are not necessarily limited to, exacerbation of any existing symptoms, deterioration of aesthetics or function of your teeth, improper biting, tooth, head and/or neck pain, fracturing of teeth, discoloration or staining of your teeth, rotation or movement of teeth, TMJ complications; additional wear of your teeth to the point they are not candidates for reconstruction, loss of teeth, bite problems, poor chewing, loosening of teeth, need for dentures, gum recession, bad breath, inability to perform adequate oral hygiene, abscesses or infection, pain, tooth sensitivity, tooth movements, worsening periodontal condition, deeper pockets, and other oral health problems.

Risks and Inconveniences

Inherent in your treatment plan (as well as with many similar or other dental procedures) are certain actual and potential risks and inconveniences, which vary based on individual circumstances and variations in teeth and gums. These risks and inconveniences may last for a short or an indefinable length of time.

General dental inconveniences and risks include, but are not necessarily limited to, bruising; discoloration; recession; abscesses; the need to repeat all or part of the procedure for known or unknown reasons; exposure of crown margins or edges; lisping; speech impediments or speaking difficulties; infections, virus; stretching of the mouth resulting in cracked corners; tooth mobility; oral surgery; food impaction; root staining; oral opening restrictions; tissue sloughing; the onset of or continued periodontal disease; root canal therapy; numbness of lip, chin, and gums; dental neuropathy; gagging; numbness; joint pain/disorder; accidental nicks or cuts from dental instruments or needle sticks to the body; chipping, breaking or fillings in other teeth; other tissues; loosening of the temporary or permanent restorations; tempromandibular joint (jaw joint) problems; nausea; bone or tooth fracture; adverse reaction to drugs, medications, and/or anesthetic (including nitrous oxide); dyspepsia; gum hemorrhage; mouth ulceration; nausea; tongue edemas; tooth disorder; varying psychological reactions; dental work that does not match the color of surrounding teeth or dental work; trapping of saliva or food; loss of

Initials _____

surface shine from restorations; ledges; or local tissue necrosis.

The most common risks include, but are not necessarily limited to, swelling; tooth sensitivity; bleeding; gum irritation; gum, bone or teeth inflammation; stiffness of facial muscles; temporary numbness or tingling in the lip, tongue, teeth, gums, chin, cheek or jaw area; changes in occlusion; need for a night guard; permanent reduction of tooth structure; a need for you to modify the frequency or methodology of your home hygiene care (e.g., brushing and flossing to adequately go around corners, edges, etc.); or wearing temporary teeth for an undefined period of time as well as the general dental inconveniences and risks set forth above.

The more remote general dental risks include, but are not necessarily limited to, loss of teeth; implant rejections; permanent numbness or tingling in the lip, tongue, teeth, gums, chin, cheek or jaw area; severe pain; permanent or temporary injuries to the nerves of the tongue, jaw, chin and lips, including lingual nerve injury (tongue) and inferior alveolar nerve damage (lips, chin and jaw), permanent or temporary numbness or loss of taste sensation; permanent or temporary structural injuries to the tongue, jaw, chin or lips; parasthesia; sutures, accidentally swallowing or aspirating restorations, materials or dental tools, changes in facial appearance, referred pain to the ear, neck, jaw or head, allergic reaction, delayed healing, sinus complications, constipation, diarrhea, vomiting; aspiration of vomit; systemic toxicity, respiratory distress, heart failure, or death. There may be additional unknown or unlisted risks at this time, but that could manifest at a later time. You understand that your condition may be the same, better or worse after treatment. If previously placed dental restorations are in place on teeth, your treatment may entail additional alteration of tooth structure to properly prepare these teeth for new restorations, and/or other unknown or unspecified problems or risks, which the Practice may or may not have encountered, and which are difficult or impossible to predict or quantify in advance.

Your Obligations

Cooperation
Successful dental treatment is a team effort involving you as the patient, the doctors and our team. Without cooperation, successful treatment planning, achieving optimal results and maintaining the treatment results are difficult or impossible and the results may be disappointing to everyone.

Scheduled Appointments
In order to serve our patients better, we strive to operate a professional, efficient dental practice. We attempt to reserve appropriate blocks of time for each of our patients so that the procedures may be completed with close attention to detail and with as few interruptions as possible. Missed appointments have a negative effect on our ability to maintain the level of service you and other patients deserve. While we are aware that circumstances may arise which interfere with set appointments, we require at least one business day notice for an appointment. Failure to provide this notice may result in a missed appointment fee which is, not intended as a penalty, but as a reasonable estimate of the time and expense incurred by the Practice in attempting to fill such a cancellation or loss of deposit.

Financial Obligations
You have full responsibility for payment of the dental services that you or your dependents receive here. Fees are due and payable in full at or before the time services are rendered. A 1.5% finance charge (18% annually) will be added to any balance over 30 days past due. In the event of your failure to pay amounts owed when due, you agree to pay for collection costs and reasonable attorneys fees as may be incurred for collection. Any dispute arising out of the Practice's services or collection are subject to the Federal Arbitration Act and at the Practice's sole option, will be submitted to binding arbitration with the American Arbitration Association in California.

Providing Timely Information & Authorization for Signature on File
To process insurance documents, claims and related matters, you authorize the Practice to affix your signature and name to claims or documents related to insurance, claims or health benefits due to you. A photocopy of this form will act as an original. The Practice may disclose information provided by me or obtained during the course of my treatment for treatment, payment, or healthcare operations, including disclosure to laboratories, other dental offices, or professionals involved in my care, and to my insurance providers. As part of your treatment, you authorize the Practice to take radiographs (x-rays), study models, provide injections, take photographs, and give and perform any other diagnostic tests and aids deemed appropriate by the Practice to evaluate your condition and to generate my recommendations, for professional or educational purposes and for any other use as contemplated or set forth in the Practice's current Notice of Privacy Policies, which is incorporated herein by reference.

Maintenance Obligations
For successful treatment results and to lessen the risks of complication, you agree to comply with your individualized maintenance program and keep excellent home oral hygiene. It is typical to need follow-up visits for occlusal or other adjustments after treatment. You agree to notify the Practice at the soonest possible moment in the event that you experience pain, discomfort or any other problem that you believe may be related to treatment in our office. Nothing in this form extends the applicable statutes of repose or limitations for dental services. You agree to keep your follow-up appointments and to follow recommended treatments as well as follow other precautions and recommendations that may be provided as part of your pre-op or post-operative instructions.

Your Consent

The information I have provided on this form is accurate and complete to the best of my knowledge, information, and belief. I will notify the Practice at the soonest practical moment of any changes in the information I have provided. In consideration of being accepted as a patient of the Practice, I agree to abide by the terms and conditions of this Patient Application & Practice Agreement.

By signing below, I acknowledge that I have been given time to read and have completely read (or had read to me) the preceding information in this document and I acknowledge that the Practice has explained to me in general terms the descriptions of certain anticipated dental procedures and treatments, alternatives (including non-treatment), and the risks and inconveniences of treatments. By proceeding with each and every step in my treatment, I acknowledge that: (1) I have been given the opportunity to ask any questions and any questions have been answered or explained to my satisfaction prior to performance of any treatment or procedure, and (2) I authorize the Practice to perform any and all such recommended forms of treatment, medication and therapy that may be necessary or advised. I understand that during the course of the procedures described above, it may be necessary, appropriate, or the Practice's recommendation to perform additional procedures which are unforeseen or not known to be necessary, appropriate, or recommended at the time this consent is given. I consent to and authorize the performance of such additional procedures as they deem necessary, appropriate, or recommended under the circumstances.

Signature: _____ Date: _____

Patient's Authorized Representative
(If patient is under 18 years of age or you are consenting to the care of another)
I have the legal authority to sign this consent on behalf of:
Patient Name:_____
Your Relationship to Patient:_____
Signature:_____ Date:_____

Initials _____