



RICHARD D. CREESE, D.D.S.

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Patient Name: _____ Date of Birth: _____ Sex: _____

Address: _____

Billing Address (if different): _____

City: _____ State: _____ Zip Code: _____

SSN: _____ Employer: _____

Contact Preference: HOME CELL WORK TEXT EMAIL

Home : _____ Work: _____ Cell: _____

Email : _____

Primary Dental Insurance: _____ ID #: _____

Name of Medical Doctor: _____ Doctor's Phone: _____

Name of Previous Dentist: _____ Doctor's Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Referred to us by: _____

INFORMED CONSENT Anesthesia: Risks, Benefits and Alternatives – Dentistry as practiced with today's sophisticated anesthetics and small, delicate, disposable needles is virtually painless and safer than ever. With anesthesia used for everything from complicated procedures right down to the simplest fillings, it has become the most frequently performed service in modern dental offices. Some procedures are of a non-invasive nature and do not require anesthetic, but you may also decline the use of anesthetics at any time. Serious complications from local anesthetics are extremely rare but the current legal environment suggests we list any possible complications for you. They can include, but are not limited to – life threatening medical complications resulting from undiagnosed and undisclosed medical conditions or allergies, nerve injury resulting in transient tingling or permanent numbness, broken needles, slight heart palpitations or increased heart rate, temporary bruising or swelling, and occasional muscle stiffness, soreness or pain at the injection site.

I understand the risks, benefits and alternatives to anesthetics. I consent to their use and treatment.

Hazardous Material Disclosure (Prop 65) – There are many hazardous materials used to support the practice of dentistry (i.e. cleansers, sterilizes and medications). The one material of which all this concern was born is the mercury found in amalgam fillings. All fillings (other than amalgam) are mercury-free. Many patients ask us to replace their amalgam fillings with mercury-free materials, and we can do that for you on request. A detailed list of all hazardous materials is available upon request.

I have been offered an updated Hazardous Dental Materials Fact Sheet (Prop 65).

HIPAA Disclosure – The privacy of a patient's medical information is protected under government regulation and we comply with these required policies. A detailed list of these practices is available upon request.

I have been offered a copy of this office's Notice of Privacy Practices.

Insurance – If you would like us to bill your Insurance Company, they would like us to have your signature on file in order to bill them on your behalf.

I hereby authorize payment of dental benefits otherwise payable to me, directly to the doctor.

Missed Appointment Policy – In order to be respectful of the medical needs of other patients, please be courteous and call the office promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of treatment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Calling early in the day is appreciated. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care. A "no-show" is someone who misses an appointment without calling 24 hours in advance to cancel. Any "no shows" will result in a fee of \$45.00 for each missed appointment.

I am aware of the difficulties created by missed appointments and agree to pay the scheduled fees related to appointment failure or late cancellations.

PATIENT SIGNATURE _____ DATE _____

DENTAL HEALTH HISTORY

YES NO Are you allergic, or have you reacted adversely, to any of the following?

- 1. Antibiotics (penicillin, etc)
 - 2. Advil, Aspirin, Codeine, Tylenol
 - 3. Latex
 - 4. Novocaine or other dental anesthetics
 - 5. Other drug allergies or food allergies
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Are you now?

- 6. Pregnant Due date _____
 - 7. Using heart, blood pressure medicines or beta blockers
 - 8. Using bisphosphonates for osteoporosis or considering such treatment
 - 9. List any prescribed medicines
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Have you ever had any of the following?

- 10. Artificial Joints, Rheumatic Fever, Heart Murmur or Heart Valve Problems, or history using Phen Fen use.
(These conditions require antibiotic coverage before dental procedures.)
- 11. Heart attack, angioplasty, stent, by-pass, pacemaker or heart disease
- 12. Fainting spells, convulsions or epilepsy
- 13. Jaw Symptoms: click, pain, dislocation, clenching, grinding, difficulty opening, muscle fatigue, soreness, frequent headaches, ears ringing
- 14. History of diabetes or kidney problems
- 15. High blood pressure
- 16. Hepatitis, cirrhosis or liver disease
- 17. Thyroid trouble
- 18. Multiple or repeated injections of steroids, such as cortisone
- 19. Radiation therapy for cancer in the head or neck area
- 20. Sleep disorders, sleep apnea or special snoring problems
- 21. Excessive bleeding, hemophilia, anticoagulants, blood thinners, clotting problems
- 22. Positive HIV test
- 23. Lung trouble (TB, asthma, emphysema, persistent cough)
- 24. Blood trouble, anemia, leukemia or significant unintentional weight loss
- 25. Sensitive teeth while chewing
- 26. Dissatisfaction with your teeth or smile
- 27. Feeling your teeth look too old
- 28. What words best describe your dental history or condition?
 Trouble-Free Complicated Problematic

CHIEF DENTAL COMPLAINT

My health history is complete and accurate so as to minimize the risk of complications during treatment.

PATIENT SIGNATURE _____ **DATE** _____ **DENTIST INITIAL** _____