CAPE FEAR PERIODONTICS & DENTAL IMPLANTS

November 11, 2019

Dear Patient,

We are delighted to welcome you to our practice and are happy that you have chosen us to serve your periodontal or dental implant needs. Our office is dedicated to providing the finest possible care.

A consultation and examination appointment has been reserved for you and will last approximately 60 minutes. At this initial visit, we will work with you, and your dentist, to develop a treatment plan that specifically meets your goals, and prepare a fee schedule for your treatment.

Payment is expected in full at the time of service for your consultation visit. Although we do not accept insurance assignment, or participate with any insurance carriers, **we will gladly file all insurance forms to assure your timely, maximum reimbursement**. We also offer various payment plans to help make necessary treatment more affordable.

If an unforeseen circumstance arises and you cannot make your scheduled appointment, we kindly ask that you provide **at least two (2) working days notice** of a need for change.

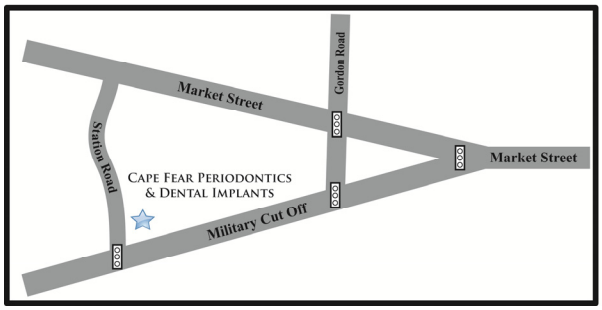
We truly look forward to meeting you and helping you reach your oral healthcare needs.

Sincerely,

Scott Gould, DDS, MS
Board Certified – Periodontics & Dental Implants

Directions: We are located in the 'Station Place' professional building at the corner of Military Cutoff and Station Road. Our office is on the ground floor. **Please enter through the main lobby at the front of the building and our door will be on the right**.

- From the North (**Porter's Neck/Jacksonville**) – Head south on Market St. (Hwy 17 Bus.). Turn left onto Military Cutoff Road, then right at the traffic light onto Station Road. The brick building is located immediately on the right.
- From the South* (**Wrightsville/Carolina Beach**) – Head north on Military Cutoff proceeding past Mayfaire Town Center. Turn left at the light onto Station Road and the brick building is immediately on the right.
- From the Southwest* (**Downtown/Brunswick County**) – Head north on Market St. Turn right onto Station Road. The brick building is located on the left, immediately before the light at Military Cutoff.



(O) 910.686-4644 219 Station Road, Suite #102, Wilmington, NC 28405 (F) 910.686-4340
office@capefearperio.com / www.capefearperio.com

#

Cape Fear Periodontics & Dental Implants

Firm Foundations, New Beginnings

Date _____

PATIENT INFORMATION...

❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr. First Name _____ M.I. ____ Last Name _____

Nickname _____ Sex: ❑ Male ❑ Female Birth Date _____ Soc. Sec. # _____

E-mail _____

Street _____ Apt. _____

City _____ State _____ Zip _____

Home Tel.(____) _____ Cell.(____) _____

Referring Dentist _____ Medical Doctor _____

Preferred Pharmacy Name _____ Tel. (____) _____

Employer _____ Bus. Tel.(____) _____ Ext. _____

In case of emergency, please contact _____ Tel. (____) _____ Relation _____

Have you ever been a patient of our practice? ❑ Yes ❑ No Has a family member ever been a patient of our practice? ❑ Yes ❑ No

WHO WILL BE RESPONSIBLE FOR YOUR ACCOUNT...

❑ Self (If self, skip this section) ❑ Spouse ❑ Father ❑ Mother ❑ Other _____

Name _____ (FIRST NAME) _____ (LAST NAME) Birth Date _____ Tel.(____) _____

Street _____ Apt. _____

City _____ State _____ Zip _____

Cell. (____) _____ Employer _____ Bus. Tel.(____) _____

PRIMARY DENTAL INSURANCE...

Name of Insured _____ Sex: ❑ M ❑ F S.S. # _____

Birth Date _____

Insurance Company _____ I.D. # _____

Insurance Address _____

City _____ State _____ Zip _____

Payer I.D. _____ Group Name _____ Group # _____

Patient relationship to person with insurance _____

SECONDARY DENTAL INSURANCE...

Name of Insured _____ Sex: ❑ M ❑ F S.S. # _____

Birth Date _____

Insurance Company _____ I.D. # _____

Insurance Address _____

City _____ State _____ Zip _____

Payer I.D. _____ Group Name _____ Group # _____

Patient relationship to person with insurance _____

Patient's Name _____ Referring Dentist _____

CAPE FEAR PERIODONTICS & DENTAL IMPLANTS

MEDICAL HISTORY...

Are you in good health? ❑ Yes ❑ No • Height _____ Weight _____ Are you under the care of a physician? ❑ Yes ❑ No

Has a physician or previous dentist recommended that you take antibiotics prior to your dental treatment? ❑ Yes ❑ No

Have you had any illness, operation, or been hospitalized in the past five years? ❑ Yes ❑ No

Have you ever had IV sedation or general anesthesia? ❑ Yes ❑ No

Have you, or a family member, had any unusual or serious reactions to sedation? ❑ Yes ❑ No

Do you have, or have you had, any of the following diseases, medical conditions, or procedures?

Y	N		Y	N		Y	N	
❑	❑	Rheumatic fever	❑	❑	Delay in healing	❑	❑	HIV positive
❑	❑	Hypertension / high blood pressure	❑	❑	Bruise easily	❑	❑	Seizures / epilepsy
❑	❑	Stroke / heart attack / angina	❑	❑	Abnormal / excessive bleeding	❑	❑	Diabetes
❑	❑	Heart surgery / pacemaker	❑	❑	Sleep apnea / do you wear a CPAP?	❑	❑	Kidney problems
❑	❑	Sinus problems	❑	❑	Do you smoke?	❑	❑	Arthritis / joint disease
❑	❑	Asthma			If so, # packs a day _____	❑	❑	Joint replacement
❑	❑	Trouble climbing 1-2 flights of stairs	❑	❑	Have you ever been a smoker?	❑	❑	Osteoporosis / osteopenia / osteonecrosis
❑	❑	Mental health problems	❑	❑	Are you in recovery from drugs / alcohol?	❑	❑	Cancer / radiation / chemotherapy
❑	❑	Problems with immune system	❑	❑	Hepatitis (A,B,C) / liver disease	❑	❑	Dental anxiety

Please provide explanation to "Yes" answers, or any other relevant information:

_____

_____

MEDICATION & ALLERGIES...

Are you now taking:

Y	N		Y	N		Y	N	
❑	❑	Aspirin (including daily, low dose aspirin)	❑	❑	Blood thinners (Coumadin / Plavix / other)	❑	❑	Are you taking, or have you ever taken, bone density meds / bisphosphonates

Please list any other medication(s) you are taking (including natural, herbal, or homeopathic products):

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

7) _____ 8) _____

9) _____ 10) _____

Are you allergic to, or had a reaction to:

Y	N		Y	N		Y	N	
❑	❑	Penicillin / amoxicillin	❑	❑	Demerol / Valium / other tranquilizers	❑	❑	Latex
❑	❑	Aspirin / ibuprofen	❑	❑	Codeine / other narcotics	❑	❑	Local anaesthetic (numbing medication)

Please list any other allergies, and/or provide relevant information to above answers:

_____

1-2 below for women only: *(Women note: antibiotics (such as penicillin) may alter the effectiveness of birth control pills. Consult your physician / gynecologist for assistance regarding additional methods of birth control.)*

1) Are you nursing / pregnant? ❑ Yes ❑ No **2)** Are you taking birth control pills: ❑ Yes ❑ No

I certify that I have read and I understand the questions above. I acknowledge that my questions, if any, about the inquiries set forth above have been answered to my satisfaction. I will not hold my doctor, or any other member of his / her staff, responsible for any errors or omissions that I have made in the completion of this form.

I hereby acknowledge that a copy of this office's Notice of Privacy Practices has been made available to me *(available online under the Patient Registration tab or in the office)***. I have been given the opportunity to ask any questions I may have regarding this Notice.**

By typing your name and date below you are certifying this as your electronic signature.

X _____ **X** _____

Signature of patient *(Parent or Guardian if Minor)* **Date**

Provider Notice of Privacy Practices

Uses and Disclosure of Health Information

We are committed to maintaining your privacy in accordance with the Health Insurance Portability and Accountability Act (HIPAA). We use health information about you for your treatment, for treatment planning in collaboration with other providers, for diagnostic purposes with outside laboratories and providers, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of the care that you receive.

We may use or disclose identifiable health information about you for other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We may also provide information when otherwise required by law. In any other situation, outside of those described above and in the first paragraph, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign this authorization to disclose information, you may later revoke that authorization.

A copy of our privacy practices is available in our office, and can be viewed in its entirety upon request. We may amend or change our policies at any time. If we make a significant change in our policies, a copy will be available for you to review in our office. For more information about our privacy practices, you may contact our administrative staff.

Individual Rights

You have the right to review your health information that we use to make decisions about your care in most instances. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or related administrative purposes. If you believe the information in your record is incorrect, or if important information is missing, you may request that we add or amend the missing information.

You may request that we not use or disclose your information for treatment, payment, or administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. In such cases, we will consider your request, but are not legally required to accept it.

Complaints

If you are concerned that we have violated your rights, or you disagree with a decision we made about access to your records, you may contact our administrative staff. You may also send a written complaint to the U.S. Department of Health and Human Services. Our administrative staff can provide you with the appropriate address upon request.

Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our privacy practices, and follow the information practices described in this notice. If you have any questions or complaints, please contact our administrative staff and we will be glad to assist you.