

dentistry from the heart

Instructions

Welcome to Dentistry from the Heart. Please follow the directions:

1. Completely fill out the [Registration Form](#) and read & sign the [Informed Consent](#).
2. Choose the procedure you want from the list on the [Registration Form](#). You may choose one.
 - A. Filling
 - B. Extraction
 - C. Hygiene Cleaning
3. Give the completed form(s) to security, and they will give you a ticket number.
4. Number will match the number on your registration form.
5. Stay on the premises until your number is called.

Patients will be called by their number order. The hygienist will see all cleaning requests, and the doctors will see patients requesting a filling or extraction.

Thank you.



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Registration (Please Print Clearly)

Date: _____ # _____

Patient Name: _____ Birth Date: _____

Address: _____

Phone: _____ SS#: _____

Guardian/Parent (if patient is a minor) _____

Do you have or have you ever had:

	Yes	No
Abnormal Bleeding	_____	_____
Abnormal Heart Condition	_____	_____
Artificial Joints	_____	_____
Mitral Valve Prolapse	_____	_____
Heart Murmur	_____	_____
Hepatitis	_____	_____
HIV/AIDS	_____	_____
Rheumatic Fever	_____	_____

Are you allergic to any drugs or medications? If so, please list:

Please list any other physical conditions we should know about: _____

Chief Complaint: _____

Circle one of the following procedures:

- A. Filling
- B. Extraction
- C. Hygiene Cleaning





Informed Consent

I authorize Lake Oconee Dentistry and/or designated clinical staff to perform any services necessary to diagnose me or my dependent’s dental needs. Upon such diagnosis, I authorize Lake Oconee Dentistry and/or designated clinical staff to perform all recommended treatment mutually agreed upon by me. I understand that the use of anesthetics and sedatives sometimes involves risks, and that I can ask for a complete recital of these risks.

I understand that any and all treatment or services performed or diagnosed by Lake Oconee Dentistry and/or designated staff on April 29, 2011 in conjunction with Dentistry From The Heart is free of charge and comes with no warranties whatsoever either expressed or implied.

Signature of Patient/Parent/Guardian: _____

Chief Complaint: _____

OFFICE USE ONLY: _____ Hygienist		_____ Doctor
Progress Notes: _____		
D4355 - Full Mouth _____	D7210 – Extraction # _____	
Debridement _____		
D1110 – Adult Prophy _____	Other: _____	
D2330 – Resin-based composite – one surface anterior	# _____	
D2331 – Resin-based composite – two surface anterior	# _____	
D2332 – Resin-based composite – three surface anterior	# _____	
D2335 – Resin composite 4/more surfaces incisal angle ant.	# _____	
D2391 – Resin-based composite - one surface posterior	# _____	
D2392 – Resin-based composite - two surface posterior	# _____	
D2393 – Resin-based composite – three surface posterior	# _____	
D2394 – Resin composite – 4/more more surfaces posterior	# _____	

YOU MUST READ AND SIGN FULL CONSENT BEFORE TREATMENT

