

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
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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 __ (To be Announced) _____ 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 Debridement _____ | D7210 – Extraction # _____ |
| 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

