

1 ABOUT YOU

Today's Date: _____

Name: _____
Last First MI Mr. Mrs. Ms. Dr.

I prefer to be called: _____ Male Female

Birth date: ____/____/____ Age: ____ SS# _____

Home Address: _____
Apt/Condo # _____

City State ZIP

Single Married Divorced Widowed Separated

Hm #: (____) _____ Pager/Other #: _____

Wk #: (____) _____ Ext: ____ DL#: _____

Email Address: _____

Employer: _____

Employer's Address: _____

How long there? _____ Occupation: _____

Where & when are best times to reach you? _____

Whom may we thank for referring you? _____

Other family members seen by us: _____

Previous / Present Dentist: _____

Last Dental Visit Date: _____

2 SPOUSE INFORMATION

His / Her name: _____

Employer: _____

Wk #: (____) _____ Ext: ____ SS#: _____

Birth date: ____/____/____ DL #: _____

Person responsible for Account: _____

Wk #: (____) _____ Ext: ____ SS#: _____

Billing Address: _____

Relationship: _____ SS#: _____

Employer: _____ DL#: _____

3 INSURANCE

Primary Insurance

Do you have Dental Insurance? Yes No

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone #: (____) _____

Group # (Plan, Local, or Policy #): _____

Insured's Name: _____ Relation: _____

Insured's Birth date: ____/____/____

Insured's SS #: _____

Insured's Employer: _____

Employer's Address: _____

Secondary Insurance

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone#: (____) _____

Group # (Plan, Local, or Policy #): _____

Insured's Name: _____ Relation: _____

Insured's Birth date: ____/____/____

Insured's SS #: _____

Insured's Employer: _____

Employer's Address: _____

We invite you to discuss with us any questions regarding our services. The best dental health services are based on a friendly, mutual understanding between provider and patient.

Our policy requires payment in full for all services rendered at the time of visit, unless other arrangements have been made with the financial coordinator. If account is not paid within 90 days of the date of service and no financial arrangements have e\been made, you will be responsible for legal fees, collection agency fees, interest, charges, and any other expenses incurred in collecting your account.

Signature: _____

Date: _____

(continued to next page)

4 MEDICAL HISTORY

Your current physical health is: Good Fair Poor

Are you currently under the care of a physician? Yes No

If yes, please explain: _____

Do you smoke or use tobacco in any other form? Yes No

Have you had any metal rods, pins, implants, pacemaker? Yes No

Are you taking any prescription/over the counter drugs? Yes No

Are you taking aspirin? Yes No

Have you taken Phen-Phen? Yes No

Please list medications: _____

Physician's Name: _____

Phone # (____) _____ Date last physical: _____

For WOMEN: Are you taking birth control pills? Yes No

Are you pregnant? Yes No Week # _____

Are you nursing? Yes No

Have you ever had any of the following diseases or medical problems:

Circle Yes or No

- | | |
|--|----------------------------------|
| Y N Abnormal Bleeding | Y N Hepatitis |
| Y N Alcohol / Drug Abuse | Y N Herpes / Fever Blisters |
| Y N Anemia | Y N High Blood Pressure] |
| Y N Arthritis | Y N HIV+ / AIDS |
| Y N Artificial Bones / Joints / Valves | Y N Hospitalized for Any Reason |
| Y N Asthma | Y N Kidney Problems |
| Y N Blood Transfusion | Y N Liver Disease |
| Y N Cancer / Chemotherapy | Y N Low Blood Pressure |
| Y N Colitis | Y N Mitral Valve Prolapse |
| Y N Congenital Heart Defect | Y N Pacemaker |
| Y N Diabetes | Y N Psychiatric Problems |
| Y N Difficulty Breathing | Y N Radiation Treatment |
| Y N Emphysema | Y N Rheumatic / Scarlet Fever |
| Y N Epilepsy | Y N Seizures |
| Y N Fainting Spells | Y N Shingles |
| Y N Frequent Headaches | Y N Sickle Cell Disease / Traits |
| Y N Glaucoma | Y N Sinus Problems |
| Y N Hay Fever | Y N Stroke |
| Y N Heart Attack | Y N Thyroid |
| Y N Heart Murmur | Y N Tuberculosis (TB) |
| Y N Heart Surgery | Y N Ulcers |
| Y N Hemophilia | Y N Venereal Disease |

Please list any other serious medical condition(s) that you have ever had: _____

Are you allergic to any of the following?

Circle Yes of No]

- | | | |
|-----------------|------------------------|------------------|
| Y N Amoxicillin | Y N Dental Anesthetics | Y N Penicillin |
| Y N Aspirin | Y N Erythromycin | Y N Tetracycline |
| Y N Codeine | Y N Latex | Y N Other |

Please list any other drugs that you are allergic to: _____

HEALTH HISTORY UPDATE:

Date: _____ Signature _____

Date: _____ Signature _____

Date: _____ Signature _____

5 DENTAL HISTORY

Why have you come to the dentist today? _____

Do you require antibiotics before dental treatment? Yes No

Have you ever had any unpleasant dental experience? Yes No

If yes, please explain: _____

Are your teeth sensitive to heat, cold, anything else? Yes No

Have you lost any teeth? Yes No If yes, why? _____

Do your gums bleed? Yes No

Have you ever had gum treatment? Yes No

Does food get caught between any of your teeth? Yes No

Do you have popping or clicking in your jaw joint? Yes No

Do you grind or clench your teeth? Yes No

If you could change anything about your smile, what would it be? _____

Comments / Concerns: _____

I authorize the staff to perform any necessary services needed during diagnosis and treatment. I also authorize the provider to release any information required to process insurance claims.

I understand that the information that I have given today is correct to the best of my knowledge. I also understand that this information will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my medical status.

Signature _____ Date _____

Dedicated to perform the highest quality dental care in a safe and secure environment.

Changes _____

Changes _____

Changes _____

SKY CANYON DENTAL
LIEN K. LY, D.D.S.
39040 SKY CANYON DRIVE, 107
MURRIETA, CA 92563

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Our legal duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 1, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$0.10 for each page, \$10.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact: Sky Canyon Dental
Telephone:
Address: 39040 Sky Canyon Drive, 107
Murrieta, CA 92563
E-mail:

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This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).

SKY CANYON DENTAL
LIEN K. LY, D.D.S.
39040 SKY CANYON DRIVE, 107
MURRIETA, CA 92563

**Patient Acknowledgment of
Receipt of Dental Materials Fact Sheet and
Notice of Privacy Practices**

As of January 1, 2002, the Dental Board of California now requires that we distribute to our patients a copy of the Dental Materials Fact Sheet. In addition, the Health Insurance Portability and Accountability Act (HIPAA) requires effective April 14, 2003 that patients be given a copy of our Notice of Privacy Practice.

If you would, please print and sign your name below.

I, _____, acknowledge I have received from this office

1. A copy of the Dental Materials Fact Sheet; and
2. Notice of Privacy Practices.

Patient Signature or Personal Representative

Date

If signed by a Personal Representative of the Patient, describe the representative's authority to act for the patient. _____

For Office Use

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

Comparisons of Direct Restorative Dental Materials

| | Types of Direct Restorative Dental Materials | | | |
|---|--|---|--|---|
| Comparative Factors | Amalgam | Composite resin (direct and indirect restorations) | Glass ionomer cement | Resin ionomer cement |
| General Description | Self-hardening mixture in varying percentages of a liquid mercury and silver-tin alloy powder. | Mixture of powdered glass and plastic resin; self-hardening or hardened by exposure to blue light. | Self-hardening mixture of glass and organic acid. | Mixture of glass and resin polymer and organic acid; self-hardening by exposure to blue light. |
| Principal Uses | Fillings; sometimes for replacing portions of broken teeth. | Fillings, inlays, veneers, partial and complete crowns; sometimes for replacing portions of broken teeth. | Small filling; cementing metal and porcelain/metal crowns, liners, temporary restorations. | Small fillings; cementing metal and porcelain/metal crowns and liners. |
| Resistance to Further Decay | High; self-sealing characteristic help resist recurrent decay; but recurrent decay around amalgam is difficult to detect in its early stages | Moderate; recurrent decay is easily detected in early stages. | Low-Moderate; some resistance to decay may be imparted through fluoride release. | Low-Moderate; some resistance to decay may be imparted through fluoride release. |
| Estimated Durability (permanent teeth) | Durable | Strong, durable. | Non-stress bearing crown cement. | Non-stress bearing crown cement. |
| Relative Amount of Tooth Preserved | Fair; Requires removal of healthy tooth to be mechanically retained; No adhesive bond of amalgam to the tooth. | Excellent; bonds adhesively to healthy enamel and dentin. | Excellent; bonds adhesively to healthy enamel and dentin. | Excellent; bonds adhesively to healthy enamel and dentin. |
| Resistance to Surface Wear | Low, similar to dental enamel; brittle metal. | May wear slightly faster than dental enamel. | Poor in stress-bearing applications. Fair in non-stress bearing applications. | Poor in stress bearing applications; good in non-stress bearing applications. |
| Resistance to Fracture | Amalgam may fracture under stress; tooth around filling may fracture before the amalgam does. | Good resistance to fracture. | Brittle; low resistance to fracture but not recommended for stress bearing restorations. | Tougher than glass ionomer; recommended for stress-bearing restorations in adults. |
| Resistance to Leakage | Good; self-sealing by surface corrosion; margins may chip over time. | Good if bonded to enamel, may show leakage over time when bonded to dentin; does not corrode. | Moderate; tends to crack over time. | Good; adhesively bonds to resin, enamel, dentin/post-insertion expansion may help seal the margins. |
| Resistance to Occlusal Stress | High, but lack of adhesion may weaken the remaining tooth. | Good to excellent depending upon product used. | Poor; not recommended for stress bearing restorations. | Moderate; not recommended to restore biting surfaces of adults; suitable for short-term primary teeth restorations. |

| | | | | |
|---|---|---|---|---|
| Toxicity | Generally safe; occasional allergic reactions to metal components. However amalgams contain mercury. Mercury in its elemental form is toxic and as such is listed on prop 65. | Concerns about trace chemical release are not supported by research studies. Safe; no known toxicity documented. Contains some compounds listed on prop 65. | No known incompatibilities. Safe; no known toxicity documented. | No known incompatibilities. Safe; no known toxicity documented. |
| Allergic or Adverse Reactions | Rare; recommend that dentist evaluate patient to rule out metal allergies. | No documentation for allergic reactions was found. | No documentation for allergic reactions was found. Progressive roughening of the surface may predispose to plaque accumulation and periodontal disease. | No known documented allergic reactions; surface may roughen slightly over time; predisposing to plaque accumulation and periodontal disease if the material contacts the gingival tissue. |
| Susceptibility to Post-Operative Sensitivity | Minimal; high thermal conductivity may promote temporary sensitivity to hot and cold; contact with other metals may cause occasionally and transient galvanic response. | Moderate; material is sensitive to dentist's technique; material shrinks slightly when hardened, and a poor seal may lead to bacterial leakage, recurrent decay and tooth hypersensitivity. | Low; material seals well and does not irritate pulp. | Low; material seals well and does not irritate pulp. |
| Esthetics (Appearance) | Very poor. Not tooth colored; initially silver-gray, gets darker, becoming black as it corrodes. May stain teeth dark brown or black over time. | Excellent; often indistinguishable from natural tooth. | Good; tooth colored, varies in translucency. | Very good; more translucency than glass ionomer. |
| Frequency of Repair or Replacement | Low; replacement is usually due to fracture of the filling or the surrounding tooth. | Low-moderate; durable material hardens rapidly; some composite materials show more rapid wear than amalgam. Replacement is usually due to marginal leakage. | Moderate; slowly dissolves in mouth; easily dislodged. | Moderate; more resistant to dissolving than glass ionomer, but less than composite resin. |
| Relative Costs to Patient | Low, relatively inexpensive; actual cost of fillings depends upon their size. | Moderate; higher than amalgam fillings; actual cost of fillings depend upon their size; veneers and crowns cost more. | Moderate; similar to composite resin (not used for veneers and crowns). | Moderate; similar to composite resin (not used for veneers and crowns). |
| Number of Visits Required | Single visit (polishing may require a second visit). | Single visit for fillings; 2+ visits for indirect inlays, veneers and crowns. | Single visit. | Single visit. |

Comparisons of Indirect Restorative Dental Materials

| | Types of Indirect Restorative Dental Materials | | |
|---|---|---|--|
| Comparative Factors | Porcelain (ceramic) | Porcelain (fused-to-metal) | Gold Alloys (Noble) |
| General Description | Glass-like material formed into fillings and crowns using models of the prepared teeth. | Glass-like material that is “enameled” onto metal shells. Used for crowns and fixed-bridges. | Mixtures of gold, copper and other metals used mainly for crowns and fixed bridges. |
| Principal Uses | Inlays, veneers, crowns and fixed bridges. | Crowns and fixed bridges. | Cast crowns and fixed bridges; some partial denture frameworks. |
| Resistance to Further Decay | Good, if the restoration fits well. | Good, if the restoration fits well. | Good, if the restoration fits well. |
| Estimated Durability (permanent teeth) | Moderate. Brittle material that may fracture under high biting forces. Not recommended for posterior (molar) teeth. | Very good. Less susceptible to fracture due to the metal substructure. | Excellent. Does not fracture under stress; does not corrode in the mouth. |
| Relative Amount of Tooth Preserved | Good-moderate. Little removal of natural tooth is necessary for veneers; more for crowns since strength is related to its bulk. | Moderate-High, more tooth must be removed to permit the metal to accompany the porcelain. | Good. A strong material that requires removal of a thin outside layer of the tooth. |
| Resistance to Surface Wear | Resistant to surface wear; but abrasive to opposing teeth. | Resistant to surface wear; permits either metal or porcelain on the biting surface of crowns and bridges. | Similar hardness to natural enamel; does not abrade opposing teeth. |
| Resistance to Fracture | Poor resistance to fracture. | Porcelain may fracture. | Does not fracture in bulk. |
| Resistance to Leakage | Very good, can be fabricated for very accurate fit of the margins of the crowns. | Good-Very good, depending upon design of the margins of the crowns. | Very Good-Excellent. Can be formed with great precision and can be tightly adapted to the tooth. |
| Resistance to Occlusal Stress | Moderate; brittle material susceptible to fracture under biting forces. | Very good, metal substructure gives high resistance to fracture. | Excellent. |
| Toxicity | Excellent. No known adverse effects. | Very good to Excellent. Occasional/rare allergy to metal alloys used. | Excellent; Rare allergy to some alloys. |
| Allergic or Adverse Reactions | None. | Rare. Occasional allergy to metal substructures. | Rare; occasional allergic reactions seen in susceptible individuals. |
| Susceptibility to Post-Operative Sensitivity | Not material dependent; does not conduct heat and cold well. | Not material dependent; does not conduct heat and cold well. | Conduct heat and cold; may irritate sensitive teeth. |

| | | | |
|---|--|--|---|
| Esthetics (Appearance) | Excellent. | Good to Excellent. | Poor – yellow metal. |
| Frequency of Repair or Replacement | Varies; depends upon biting forces; fractures of molar teeth are more likely than anterior teeth; porcelain fracture may often be repaired with composite resin. | Infrequent; porcelain fracture can often be repaired with composite resin. | Infrequent; replacement is usually due to recurrent decay around margins. |
| Relative Costs to Patient | High; requires at least two office visits and laboratory services. | High; requires at least two office visits and laboratory services. | High; requires at least two office visits and laboratory services. |
| Number of Visits Required | Two-minimum; matching esthetics of teeth may require more visits. | Two-minimum; matching esthetics of teeth may require more visits. | Two-minimum. |

Glossary of Terms:

General Description: brief statement of the composition and behavior of the dental material.

Principal Uses: the types of dental restorations that are made from this material.

Resistance to Further Decay: the general ability of the material to prevent decay around it.

Longevity/Durability: the probable average length of time before the material will have to be replaced. (This will depend upon many factors unrelated to the material such as biting habits of the patient, their diet, the strength of their bite, oral hygiene, etc.).

Conservation of Tooth Structure: a general measure of how much tooth needs to be removed in order to place and retain the material.

Surface Wear/Fracture Resistance: a general measure of how well the material holds up over time under the forces of biting, grinding, clenching, etc.

Marginal Integrity (Leakage): an indication of the ability of the material to seal the interface between the restoration and the tooth, thereby helping prevent sensitivity and new decay.

Resistance to Occlusal Stress: the ability of the material to survive heavy biting forces over time.

Biocompatibility: the effect, if any, of the material on the general overall health of the patient.

Allergic or Adverse Reactions: possible systemic or localized reactions of the skin, gums and other tissues to the metal.

Toxicity: an indication of the ability of the material to interfere with normal physiologic processes beyond the mouth.

Susceptibility to Sensitivity: An indication of the probability that the restored teeth may be sensitive of stimuli (heat, cold, sweet, pressure) after the material is packed in them.

Esthetics: an indication of the degree to which the material resembles natural teeth.

Frequency of Repair or Replacement: an indication of the expected longevity of the restoration made from this material.

Relative Cost: a qualitative indication of what one would pay for a restoration made from this material compared to all the rest.

Number of Visits Required: how many times a patient would usually have to go to the dentist's office in order to get a restoration made from this material.

Dental Amalgam: filling material which is composed mainly of mercury (43-54%) and varying percentages of silver, tin, and copper (46-57%).