PACIFIC PARK DENTAL
FAMILY & COSMETIC DENTISTRY

Welcome!

It is our pleasure to welcome you and your family. We are so pleased that you have chosen our office for your dental care. We will make every effort possible to ensure your visits are pleasant and rewarding. We are confident that you will find our office to be different from many others – our commitment to your care and comfort is our foremost priority. We have a very modern office to provide you with the highest level of dentistry in a comfortable and convenient setting.

We know that your time is valuable and we make every effort to be on time for your appointment. For your convenience, we have attached our new patient forms to fill out before your first appointment. The information you provide will help us make an accurate and complete assessment of your dental condition. If you have any questions, or concerns prior to your visit please give us a call. We look forward to meeting you!

Very sincerely,

Dr. Matthew Riggs and Staff

15 Mareblu, Suite 210 • Aliso Viejo • CA 92656 • 949.831.4193

info@pacificparkdental.com • www.pacificparkdental.com

Patient Registration Form

Today's Date: _____

Name: _____ _____
Last First

_____ Email Address: _____
Prefers to be called by

Home Phone: _____ Cell Phone: _____

Address: _____ _____ _____
Mailing Address City / State Zip

SS# _____ Date of birth: _____ Sex: M or F

Emergency contact: _____ Phone #: _____

College Student? Full Time___ Part Time___ School Name / Location : _____

Whom can we thank for referring you? _____

Dental Insurance Information

Primary Insurance Information

Name of Insured: _____ Relationship to Patient: self _____ spouse_____ child_____ other_____

Insured Soc. Sec.: _____ Insured Birth Date: _____

Employer: _____ Insurance Company: _____

Address: _____ City, State, Zip: _____

ID# _____ Group# _____

Secondary Insurance Information

Name of Insured: _____ Relationship to Patient: self _____ spouse_____ child_____ other_____

Insured Soc. Sec.: _____ Insurance Company: _____

Insured Birth Date: _____ Employer: _____

Address: _____ City, State, Zip: _____

ID# _____ Group# _____

MEDICAL HISTORY

Patient Name: _____ Date of birth: _____

Address (*UPDATE*): _____

Please answer ALL of the following questions by placing an (X) in the box that applies to you and/or writing in the answer.

	YES	NO
Is your general health good?	☐	☐
When was your last medical exam? _____		
Primary Care Physician's name and phone #: _____		
Has there been a change in your health within the last year?	☐	☐
Are you being treated by a physician now?	☐	☐
If so, for what? _____		
Have you ever been told to pre-medicate with antibiotics prior to dental treatment?	☐	☐
If so, for what, and what do you take? _____		
Have you ever had complications after dental treatment?	☐	☐
If yes, please specify: _____		
Have you ever taken bone loss prevention drugs such as Fosamax, Actonel, Boniva, or other similar drugs (Bisphosphonates)?	☐	☐
Are you aware of any ***allergic*** or adverse reaction to any substance or medication?	☐	☐
If yes, please list: _____		

Have you ever had or experienced any of the following? Mark appropriate YES or NO square for each of the following:

YES	NO		YES	NO	
☐	☐	Difficulty swallowng	☐	☐	Dry mouth
☐	☐	Bleeding disorders / Blood thinning medication	☐	☐	Cold sores / Fever blisters
☐	☐	Infective endocarditis	☐	☐	Heart attack / Stroke
☐	☐	High / Low blood pressure (circle one)	☐	☐	Artificial heart valve / Pacemaker
☐	☐	Joint replacement (hip, knee, etc)	☐	☐	Alzheimer's / Dementia
☐	☐	Diabetes Type 1 / Type 2 (circle one)	☐	☐	Hepatitis A B C (circle one)
☐	☐	Liver disease	☐	☐	Kidney disorder
☐	☐	Tobacco in any form	☐	☐	Dizziness / Vertigo
☐	☐	Radiation therapy	☐	☐	Chemotherapy
☐	☐	Long-term steroid use	☐	☐	HIV or AIDS (circle one)
☐	☐	Eating disorder	☐	☐	Asthma, TB, emphysema, or other lung disease
☐	☐	Epilepsy / Seizures	☐	☐	Nervous / Anxious

YES	NO	**Women only:**
☐	☐	Are you/could you be pregnant or nursing?
☐	☐	Are you taking birth control pills?

All Patients:

☐ ☐ Do you have any other medical problem or condition NOT listed on this form? Please explain:

_____

List all prescriptions & non-prescription drugs and supplements you have taken within the last 6 months.

_____

_____

To the best of my knowledge, I have answered every question completely and accurately. Should further information be needed, you have my permission to ask the respective health care provider, who may release such information to you. I will inform my dentist of any change in my health and/or medications.

_____ _____ _____ _____

Patient Signature Date Doctor Signature Date

2021a

DENTAL HISTORY

Patient Name: _____ Date of birth: _____

Please answer ALL of the following questions by placing an (X) in the box that applies to you and/or writing in the answer.

What is the reason for your visit today? _____

Date of Last Dental Visit: _____ Date of Last Xrays: _____

Previous Dentist's Name: _____

Telephone #: _____

Do you have any dental problems now? (circle one) **YES** or **NO**

If yes, please describe: _____

Are any of your teeth sensitive to:

YES	NO	
☐	☐	hot or cold?
☐	☐	sweets?
☐	☐	biting or chewing?

Do you:

☐	☐	have gums that bleed or hurt?
☐	☐	notice any loose teeth or changes to your bite?
		If yes, where? _____
☐	☐	get food caught in between your teeth?
		If yes, where? _____
☐	☐	clench or grind your teeth while awake or asleep?
☐	☐	bite your lips or cheeks regularly?
☐	☐	mouth breathe while awake or asleep?
☐	☐	have tired jaws, especially in the morning?
☐	☐	notice any mouth odors or bad tastes?
☐	☐	snore or have any other sleeping disorders?
☐	☐	wear a mouthguard / nightguard?
☐	☐	frequently get cold sores, blisters, oral lesions?

Have you ever had:

YES	NO	
☐	☐	braces?
☐	☐	oral surgery?
☐	☐	periodontal treatment?
☐	☐	a serious injury to the mouth or head?

If so, please describe, including cause: _____

Have you experienced:

☐	☐	clicking or popping of the jaw?
☐	☐	jaw pain? (joint, ear, side of face)
☐	☐	difficulty in opening or closing the mouth?
☐	☐	difficulty in chewing on either side of the mouth?
☐	☐	headaches, neckaches or shoulder aches?
☐	☐	sore muscles? (neck, shoulders)

* *

☐	☐	Are you satisfied with your teeth's appearance?
☐	☐	Have you ever had an upsetting dental experience?

Describe: _____

☐	☐	Do you feel nervous about having dental treatment?

If so, what is your biggest concern? _____

Is there anything else regarding your dental treatment that you would like us to know? (circle one) YES or NO. If yes, please describe:

_____

_____

Practice Policies Acknowledgement

1. I hereby authorize doctor or designated staff to take x-rays, study models, photographs, and other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of my dental needs.

2. Upon such diagnosis, I authorize doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.

3. I agree to the use of anesthetics, sedatives and other medication as necessary. I fully understand that using anesthetic agents embodies certain risks. I understand that I can ask for a complete recital of any possible complications.

4. I understand that I assume all responsibility for payment of dental services provided in this office for myself or my dependents, due and payable **at the time services are rendered** unless other arrangements have been made. We accept cash, personal checks, Mastercard, Visa, Amex, Discover and Citi Health Card. In the event payments are not received by the agreed upon dates, I also understand that **a 1.50% finance charge (18% APR)** may be added to my account, in addition to any billing charges, and collection charge.

5. I authorize the use of my social security number and/or alternate ID to file my dental claim, and understand that I may need to provide the office a copy of my California state driver's license.

6. I understand that I **may** be charged a minimum of **$25** for any cancelled, failed, or missed appointment when notifying the office less than 48 business hours except under EXTREME circumstances.

7. My dental insurance may not cover the services, or may only partially cover them. The office can make **NO GUARANTEE** of the actual payment by my insurance company.

8. There is a **$35** fee for returned checks.

9. Failure to return for the delivery of Crowns, Dentures, and Bridges is subject to a fee for doctor time and lab fee charges.

10. I acknowledge receipt of the Dental Board of CA Dental Materials Fact Sheet.

Patient's Signature _____Date_____

Print Name_____

Parent/Responsible Party's Signature_____ Relationship to Patient_____

Dental Materials fact Sheet

by the
Dental Board of California
1432 Howe Avenue
Sacramento, Ca 95825
www.dbc.ca.QOv

What About the Safety of Filling Materials? Patient health and the safety of dental treatments are the primary goals of California's dental professionals and the Dental Board of California. The purpose of this fact sheet is to provide you with information concerning the risks and benefits of all the dental materials used in the restoration (filling) of teeth.

The Dental Board of California is required by law* to make this dental materials fact sheet available to every licensed dentist in the state of California. Your dentist, in turn, must provide this fact sheet to every new patient and all patients of record only once before beginning any dental filling procedure.

As the patient or parent/guardian, you are strongly encouraged to discuss with your dentist the facts presented concerning the filling materials being considered for your particular treatment.

** Business and Professions Code 1648.10-1648.20*

Allergic Reactions to Dental Materials: Components in dental fillings may have side effects or cause allergic reactions, just like other materials we may come in contact with in our daily lives. The risks of such reactions are very low for all types of filling materials. Such reactions can be caused by specific components of the filling materials such as mercury, nickel, chromium, and/or beryllium alloys. Usually, an allergy will reveal itself as a skin rash and is easily reversed when the individual is not in contact with the material.

There are no documented cases of allergic reactions to composite resin, glass ionomer, resin ionomer, or porcelain. However, there have been rare allergic responses reported with dental amalgam (silver fillings), porcelain fused to metal, gold alloys, and nickel or cobalt-chrome alloys.

If you suffer from allergies, discuss these potential problems with your dentist before a filling material is chosen.

Toxicity of Dental Materials

Dental Amalgam (Silver): Mercury in its elemental form is on the Sate of California's Proposition 65 list of chemicals known to the state to cause reproductive toxicity. Mercury may harm the developing brain of a child or fetus.

Dental amalgam (silver) is created by mixing elemental mercury (43-54%) and an alloy powder (46-57%) composed mainly of silver, tin, and copper. This has caused discussion about the risks of mercury in dental amalgam (silver). Such mercury is emitted in minute amounts as vapor. Some concerns have been raised regarding possible toxicity. Scientific research continues on the safety of dental amalgam. According to the Centers of Disease Control and Prevention, there is scant evidence that the health of the vast majority of people with amalgam is compromised.

The Food and Drug Administration (FDA) and other public health organizations have investigated the safety of amalgam used in dental fillings. The conclusion: no valid scientific evidence has shown that amalgams cause harm to patients with dental restorations, except in rare cases of allergy. The World Health Organization reached a similar conclusion stating, "Amalgam restorations are safe and cost effective".

A diversity of opinions exists regarding the safety of dental amalgams. Questions have been raised about its safety in pregnant women, children, and diabetics. However, scientific evidence and research literature in peer-reviewed scientific journals suggest that otherwise healthy women, children, and diabetics are not at an increased risk from dental amalgams in their mouths. The FDA places no restrictions on the use of dental amalgam.

Composite Resin: Some Composite Resins include Crystalline Silica, which is on the State of California's Proposition 65 list of chemicals known to the state of cause cancer.

It is always a good idea to discuss any dental treatment thoroughly with your dentist.

Dental Materials- ***Advantages & Disadvantages***

DENTAL AMALGAM (SILVER) FILLINGS: Dental amalgam is a self-hardening mixture of silver-tin-copper alloy powder and liquid mercury and is sometimes referred to as silver fillings because of its color. It is often used as a filling material and replacement for broken teeth.

Advantages

*Durable; long lasting
*Wears well; holds up well to the forces of biting
*Relatively inexpensive
*Generally completed in one visit
*Self-sealing; minimal-to-no shrinkage and resists leakage
*Resistance to further decay is high, but can be difficult to find in early stages
*Frequency of repair and replacement is low

Disadvantages

*Refer to "What About the Safety of Filling Materials"
*Gray colored, not tooth colored
*May darken as it corrodes; may stain teeth over time
*Requires removal of some healthy tooth
In larger amalgam fillings, the remaining tooth may weaken and fracture
*Because metal can conduct hot and cold temperatures, there may be a temporary sensitivity to hot and cold
*Contact with other metals may cause occasional, minute electrical flow

The durability of any dental restoration is influenced not only by the material it is made from, but also by the dentist's technique when placing the restoration. Other factors include the supporting materials used in the procedure and the patient's cooperation during the procedure. The length of time a restoration will last is dependent upon your dental hygiene, home care, and diet and chewing habits.

COMPOSITE RESIN FILLINGS: Composite fillings are a mixture of powdered glass and plastic resin, sometimes referred to as white, plastic, or tooth-colored fillings. It is used for fillings, inlays, veneers, partial and complete crowns, or to repair portions of broken teeth.

Advantages
*Strong and durable
*Tooth colored
*Single visit for fillings
*Resists breaking
*Maximum amount of tooth preserved
*Small risk of leakage if bonded only to enamel
*Does not corrode
*Generally holds up well to the forces of biting depending on product used
*Resistance to further decay is moderate and easy to find
*Frequency of repair or replacement is low to moderate

Disadvantages
*Refer to "What About the Safety of Filling Materials"
*Moderate occurrence of tooth sensitivity; sensitive to dentist's method of application
*Costs more than dental amalgam
*Material shrinks when hardened and could lead to further decay and/or temperature sensitivity
*Requires more than one visit for inlays, veneers, and crowns
*May wear faster than dental enamel
*May leak over time when bonded beneath the layer of enamel

GLASS IONOMER CEMENT: Glass ionomer cement is a self hardening mixture of glass and organic acid. It is tooth-colored and varies in translucency. Glass ionomer Is usually used for small filings, cementing metal and porcelain/metal crowns, liners, and temporary restorations.

Advantages
*Reasonable good esthetics
*May provide some help against decay because it releases fluoride
*Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
*Material has low incidence of producing tooth sensitivity
*Usually completed in one dental visit

Disadvantages
*Cost is very similar to composite resin (which costs more than amalgam)
*Limited use because it is not recommended for biting surfaces in permanent teeth
*As it ages, this material may become rough and could increase the accumulation of plaque and chance of periodontal disease
*Does not wear well; tends to crack over time and can be dislodged

RESIN-IONOMER CEMENT: Resin ionomer cement is a mixture of glass and resin polymer and organic acid that hardens with exposure to a blue light used in the dental office. It is tooth colored but more translucent that glass ionomer cement. It is most often used for small fillings, cementing metal and porcelain metal crowns and liners.

Advantages
*Very good esthetics
*May provide some help against decay because it releases fluoride
*Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
*Good for non-biting surfaces
*May be used for short-term primary teeth restorations
*May hold up better than glass ionomer but not as well as composite
*Good resistance to leakage
*Material has low incidence of producing tooth sensitivity
*Usually completed in one dental visit

Disadvantages
*Cost is very similar to composite resin (which costs more than amalgam)
*Limited use because it is not recommended to restore the biting surfaces of adults
*Wears faster than composite and amalgam

PORCELAIN (CERAMIC): Porcelain is a glass-like material formed into fillings or crowns using models of the prepared teeth. The material is colored and is used in inlays, tooth-veneers, crowns and fixed bridges.

Advantages
*Very little tooth needs to be removed for use as a veneer; more tooth needs to be removed for a crown because its strength is related to its bulk (size)
*Good resistance to further decay if the restoration fits well
*Is resistant to surface wear but can cause some wear on opposing teeth
*Resists leakage because it can be shaped for a very accurate fit
*The material does not cause tooth sensitivity

Disadvantages
*Material is brittle and can break under biting forces
*May not be recommended for molar teeth
*Higher cost because it requires at least two office visits and laboratory services

NICKEL OR COBALT-CHROME ALLOYS: Nickel or cobalt-chrome alloys are mixtures of nickel and chromium. They are a dark silver metal color and are used for crowns and fixed bridges and most partial denture frameworks.

Advantages
*Good resistance to further decay if the restoration fits well
*Excellent durability; does not fracture under stress
*Does not corrode in the mouth
*Minimal amount of tooth needs to *be* removed
*Resists leakage because it can be shaped for a very accurate fit

Disadvantages
*Is not tooth colored; alloy is a dark silver metal color
*Conducts heat and cold; may irritate sensitive teeth
*Can be abrasive to opposing teeth
*High cost; requires at least two office visits and laboratory services
*Slightly higher wear to opposing teeth

DENTAL BOARD OF CALIFORNIA
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