

Patient Health Record

Child's Name: _____ Age: _____ Date of Birth: _____ SS#: _____ Date: _____

Guardian 1:

Name : _____ Relationship to patient: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Where do you prefer to receive calls?: Home Work Cell

Birth date: _____ Soc.Sec#: _____

Guardian 2:

Name : _____ Relationship to patient: _____

Home Address:(if different than above): _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Where do you prefer to receive calls?: Home Work Cell

Birth date: _____ Soc.Sec#: _____

Insurance Co: _____ Policy #: _____ Gp#: _____

Insured's ID #: _____ Insured Date of Birth _____

Address for Insurance Submission: _____

Spouse Employer: _____ Spouse Ins. Co: _____

Who will bring the child to the office and their cell number: _____

Will the child be driving themselves? Yes No

Who will be the responsible financial party? _____

Who is the Insurance Subscriber? _____

How did you find us? Billboard Website Church Bulletin Pinecrest Academy Direct Mail

Whom may we thank for referring you to us? _____ Patient Other

Medical History

Child's Name: _____

Date of Last Physical Exam: _____ Name/Phone Number of Physician: _____

Have you been hospitalized or under a physician's care in past 2 years? Yes No For: _____

Any major surgeries? Yes No If yes, describe: _____

Knee or Hip Replacement? Yes No Date: _____ Do you take antibiotics prior to dental work? Yes No

Are you pregnant or nursing? Yes No Do you take birth control pills? Yes No

Do you take osteoporosis meds, Fosamax, Boniva or other bisphosphonates? Yes No

Allergic to: Latex Local Anesthetics Penicillin Aspirin NSAIDS Codeine Foods _____

Please list **ALL** medications and supplements: _____

Have you had, or do you now have: *(*if yes, list date and diagnosis)*

	Yes	No		Yes	No		Yes	No
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema/COPD	<input type="checkbox"/>	<input type="checkbox"/>	Radiation Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Atrial Fibrillation	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory problems	<input type="checkbox"/>	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
AIDS/HIV Positive	<input type="checkbox"/>	<input type="checkbox"/>	Gastric Reflux	<input type="checkbox"/>	<input type="checkbox"/>	STD	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	Severe Gag Reflex	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Angina/Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	Herpes/Fever Blister	<input type="checkbox"/>	<input type="checkbox"/>	Sleep Apnea	<input type="checkbox"/>	<input type="checkbox"/>
Artificial Heart Valves	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Smoke/Dip	<input type="checkbox"/>	<input type="checkbox"/>
Artificial Joints	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Organ Transplant	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	Ulcers Stomach	<input type="checkbox"/>	<input type="checkbox"/>
Compromised Immunity	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	Anything Not Listed: _____		
Congenital Heart Defect	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	✓I understand that withholding any information could seriously jeopardize my safety and I have answered truthfully to the best of my knowledge.		
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged Cough	<input type="checkbox"/>	<input type="checkbox"/>			
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Care	<input type="checkbox"/>	<input type="checkbox"/>			
Drug Dependency	<input type="checkbox"/>	<input type="checkbox"/>	Recreational Drug Use	<input type="checkbox"/>	<input type="checkbox"/>			

✓I consent to a dental exam including x-rays, photographs, study models or other diagnostic aids deemed appropriate by the doctor to make a complete diagnosis of my current dental condition. _____

Signature

Date

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Child's Name: _____

Your Young Child's Dental Health – What You Should Know

The American Dental Association recommends that children be seen by a dentist as soon as their first tooth erupts, but at least no later than the first birthday. A dental visit at an early age is a “well baby checkup” for the teeth.

Parents should be brushing baby teeth as soon as they erupt without fluoridated toothpaste. Supervise tooth brushing to make sure children over 2 years of age use only a pea sized amount of fluoride toothpaste and avoid swallowing it. Children should be taught to spit out remaining toothpaste and rinse with water after brushing. Most children will be able to brush on their own by the age of 6 or 7 years.

Parents should be using floss on their children's teeth as soon as any two teeth touch. Cleaning between the teeth is important because it removes plaque where a toothbrush cannot reach.

Brush your child's teeth twice a day. The baby teeth are extremely important in keeping a mouth healthy. If a cavity develops in the baby teeth, it grows very rapidly and can lead to dental pain and infection of the underlying permanent teeth. Any drink containing sugar and/or citric acid (all sodas, sports drinks, juices, etc.) make the teeth more susceptible to cavities by lowering the pH of the mouth so bacteria can thrive. Please limit these so your child can have a healthy mouth.

Once the permanent molars erupt (usually around age 6), we recommend sealing the tops of the teeth to prevent decay with dental sealants. If your child is cavity prone, we can also seal the tops of the primary teeth as well for prevention.

Help your children maintain a lifelong healthy smile by providing them with a well-balanced diet, limiting starchy and sugary snacks, ensuring that they brush twice per day and floss once per day, and scheduling regular dental checkups for them.

Please call our office should you have any questions about your child's dental health.

Child's Name: _____

O'Rourke Family & Cosmetic Dentistry

757 Peachtree Pkwy #1 | CUMMING GA, 30041 | (770) 888-6285

FACTS YOU SHOULD KNOW ABOUT INSURANCE

Thank you for choosing O'Rourke Family & Cosmetic Dentistry. We strongly feel our patients deserve the best possible care and we would like to share some facts about dental insurance with you.

Fact 1: Dental insurance is NOT meant to be a PAY-ALL, it's only meant to aid.

Fact 2: Many plans tell their insured they will be covered "up to 80%-100%." Despite what you are told, we have found that most plans cover 40% to 70% of an average fee. The amount that your plan pays is determined by THEIR fee schedule and those benefits are largely based on how much your employer paid for the plan. Remember, you get back only what the employer puts in, less the profits of the insurance company. Most insurance plans have a maximum benefit and a deductible each year that has not changed since the 1970's.

Fact 3: It has been the experience of many dentists that some insurances tell their customers the "fees are above the usual and customary fee" when a much more accurate statement would be, "Any difference in the fee charged, and the benefits paid, is due to limitations in the plan contract."

Fact 4: Some dental services are not covered by insurance carriers. Please do not hesitate to ask us any questions about our policies. We want you to be comfortable in dealing with these matters, and we urge you to consult with us if you have any questions regarding our services and/or fees. We will gladly file with your insurance company and will make every effort to maximize your insurance benefits.

However, please remember that ultimately, you are financially responsible for your account with our office, not your insurance company.

I authorize payment of dental treatment directly to O'Rourke Family and Cosmetic Dentistry for all dental services:

I authorize release of any dental information necessary to process insurance claims:

Signature

Date

Child's Name: _____



Financial Responsibility

Thank you for choosing O'Rourke Family & Cosmetic Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of this mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options

Cash, Check, Visa, Mastercard, American Express and Discover

To qualify for our 5% discount, you must PrePay for your treatment in FULL with Cash or Check prior to your scheduled treatment appointment.

Monthly Financing Options Available:

* NO INTEREST Payment Plans from CareCredit
Allow you to pay over time, 6-12 months, with NO interest (subject to credit approval). No annual fees or pre-payment penalties



For Patients with Dental Insurance:

For patients with dental insurance: we are happy to work with your primary dental insurance carrier to maximize your benefit and directly bill them for reimbursement for your treatment. You are responsible for your estimated payment at time of service.

We are Non Participating providers for all insurance. Some insurances companies pay the patient directly, not us. This is a function of each specific plan your employer has chosen for you. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.

Please remember you are fully responsible for all charges by this office regardless of your insurance coverage. We will file ONE appeal on your behalf. If your insurance carrier has not paid the claim within 60 days, your are responsible for the entire balance and finance charges of 18% APR will incur. A \$25 late fee may be assessed on your account if amount due is not paid by due date.

O'Rourke Family & Cosmetic Dentistry charges \$35 for returned checks.

\$50 will be charged to your account for missed dental appointments without 24 hour notice.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want and need.

Patient, Parent or Guardian Signature: _____ Date: _____

Patient Name (Please Print) _____

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