



# Holt Dental Care

## Dental Information & Acceptance Form

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Health Information**

I understand to disclose all previous illnesses, medical and dental history, (e.g. gum disease) including all medications. Undisclosed medical information and current medication, allergies, or illnesses are risk factors. I agree to allow the use of my information only where it is necessary for treatment or to process insurance claims.

**2. Drugs, Latex and Medication**

I understand that antibiotics and other medications can cause allergic reactions and/or anaphylaxis, which is a potentially life-threatening condition that can interfere with normal breathing. Also, some antibiotics interfere with birth-control pills. Latex allergy can cause rashes and itching. Epinephrine, which is used in some dental injections, increases heartbeat, and depending on my health status, may be dangerous.

**3. Needle Stick**

If a staff member is inadvertently stuck with a needle used on me, I consent to have my blood drawn for analysis.

**4. Fillings, Crowns and Unanticipated Root Canals**

It is possible that a tooth will need a root canal, even after a simple filling or crown is done.

**5. Root Canal Possible Failure**

Root Canals can fail and may require additional treatment or require extraction (removal) of the teeth.

**6. Porcelain Crowns, Veneers, Bonding, and Cosmetic Fillings**

Once a crown, veneer, bonding, or filling is placed, I understand the color cannot be changed without a remake, and, that they can chip or break, just like real teeth. I have been counseled, informed, and educated on how it is important to maintain a healthy balanced occlusion (bite). I know that this may be complicated due to stress, clenching, muscles, teeth, and genetics. I am aware that most people grind their teeth subconsciously, which is damaging to the teeth and can break teeth or dental restorations. I have been informed about the need to wear an occlusal splint for protection.

**7. Gum Treatment vs. "Just a Cleaning"**

If I do not floss or if I smoke, I can expect to have a deteriorating gum condition called periodontal (gum) disease. I am aware that periodontal (gum) disease requires more treatment than a simple cleaning.

**8. Extractions and Surgery**

I understand that all tooth extractions or dental surgeries carry risks. Some are minor, like a dry socket following an extraction. Some could be life threatening, such as post-surgical infection or anaphylaxis.

**9. Fee for Additional Care or Specialty Care**

I understand that I may need treatment beyond what is originally planned (e.g. a crowned tooth may still need a root canal and may be referred to a specialist for additional care.)

**10. Limitation of Insurance Coverage**

Often there are charges beyond what insurance will pay, (e.g. sterilization fee, nitrous oxide, temporary dentures, bleaching, or cosmetic work). Also, as a service to our patients, this office will file insurance claims on their behalf; however, I understand that what may be quoted as my portion (co-payment) is only an estimate. I agree to be financially responsible for what my insurance does not cover and/or if my insurance does not pay within 60 days.

**11. 24-Hour Notice of Cancellation**

I agree to give 24-business hours notice of cancellation or I will pay the broken appointment fee. I understand that leaving a message after the office is closed for the day (or the weekend) before my appointment is NOT sufficient notice.

**12. Requesting Record Transfer**

Professional courtesies occur between dental offices. I understand that any previous records will be sent directly to this dental office only.

**13. Hygiene Appointments**

If I am more than 15 minutes late for my cleaning appointment, I will either accept what appointment time is left , or will reschedule and pay the broken appointment fee.

**14. Appointment Times and Emergency Care**

It is our office policy and philosophy to be readily available for any patient in discomfort, or in an emergency situation. This courtesy is extended to all patients and we ask for your understanding when these unexpected situations arise. Out of the respect for your time, we will keep you informed of such times. We thank you, in advance, for your patience.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness