

Mary Ann Choby DMD, MS

Gentle, innovative care to restore and preserve your smile.

NAME & ADDRESS

Name:

Address:

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone: _____

DENTAL INSURANCE INFORMATION

Insurance Company:

Subscriber Name:

Identification Number:

Subscriber DOB: ____/____/____

Group Number: _____

Patient's relationship to subscriber:

PERSONAL INFORMATION

Date of Birth: ____/____/____

Gender: _____

Marital Status:

Single Married Other

Home #: _____

Cell #: _____

Email: _____

Would you allow us to send you a request for feedback via email?

Yes No

Would you allow us to contact you or send you information via email?

Yes No

General Dentist:

Who referred you to our office?

ALLERGIES

Are you allergic to or do you suffer any effects from any of the following:

- Penicillin Dental Anesthesia
 Sulfa None
 Aspirin Other: _____
 Latex
 Codeine

MEDICAL HISTORY

Is your visit as a result of an accident?

If yes, when did it occur? _____

Do you see a physician routinely for a medical condition?

If yes, reason? _____

Check any of the following that you have had or suspected of having:

- Prosthetic Joint Replacement
- Hepatitis
- Arthritis
- Chest Pain
- Blood Disease
- Jaundice
- Radiation Treatment
- Kidney or Bladder problems
- Cancer
- Thyroid Disease
- Low Blood Pressure
- High Blood Pressure
- Mitral Valve Prolapse
- Liver Disease
- Mental Disorder
- Diabetes
- Fainting Tendency
- HIV/AIDS
- Stroke
- Lung Disease
- Heart Trouble or Murmur
- Glaucoma
- Epilepsy
- Venereal Disease
- Blood Transfusion
- Tuberculosis
- Asthma or Hay Fever
- Prolonged Bleeding
- Shortness of Breath
- Clench or Grind of Teeth
- Anemia
- Rheumatic Fever
- Pacemaker
- Sinus Trouble

Gastrointestinal Disorder

Other:

Dental Anxiety Level:

Not Anxious

Slightly Anxious

Extremely Anxious

PRESCRIPTIONS

Check any of the following that you are currently taking:

Cortisone or Steroids

Sedatives or Tranquilizers

Anticoagulants or Blood Thinners

Pain Relievers:

Antibiotics:

Other medications taken routinely:

WOMEN ONLY

Are you pregnant? _____

If so, how many months?

Are you breastfeeding?

Do you take any medications routinely? (Ex: Birth Control, Hormone Therapy)

Please read the following carefully and let us know if you have any questions. Thank you.

Privacy Practices

The office of Mary Ann Choby, DMD, MS utilizes the most current Privacy Practices and are located in the office and on the office website for you to view at any time. You may also request a copy.

Payment/Insurance Information

Office staff strive to get the most accurate information from your insurance company prior to your visit. Hence office staff are not responsible for misquoted fees or mistakes made in conjunction with your insurance company as they are not representatives for the company. You are responsible for a \$20 fee for the usage of the laser, this procedure is not covered. A CBCT scan is sometimes recommended, this procedure is not yet covered by most insurance companies and has a \$250 charge. There are times when additional treatment is recommended or required; they have separate fees.

Please note, payment is due at the time of service. You have the option of paying with cash, check, Visa, MasterCard, Discover or Care Credit. If you pay by check, there will be a \$15 charge if the check is returned for insufficient funds. This office does not offer payment plans unless other arrangements have been made in advance. If the insurance company denies payment, you are fully responsible to pay the balance in full. **It is illegal for us to waive fees on co-payments and/or deductibles.**

Collections

If it becomes necessary to transfer an account to an attorney for collections, you are subject to pay interest at a rate of 15% per annum, attorney fees and any other collection charges.

Other Information

Dr. Choby is an Endodontist and she provides only Endodontic treatment. Although this treatment has a high success rate, it cannot be guaranteed and some complications may arise. Some complications include pain, swelling and/or mild discomfort that can last for several days. Antibiotics and pain medication can be prescribed if needed. Trismus or restricted jaw opening may occur and last several days. Healing is often reduced due to resorption, calcified canals, severely curved roots and previously failed root canal treatments. This may lead to additional treatment including retreatment, root-end surgery or extractions.

Root canal instruments are less than 1mm in width and may separate during treatment. Often they can be removed but not always and will remain as part of the root canal filling. Periodontal (gum) disease or decay may occur with any other teeth as well as with endodontically treated teeth. Crowns/caps made with porcelain are fragile and can chip during treatment. Patients are to return to their general dentist to have permanent restoration completed in order to avoid tooth deterioration. Permanent restoration usually consists of a crown and/or filling; your general dentist will advise to which is best.

I have read and understand the above information and have answered all questions truthfully on prior pages to the best of my knowledge.

Signature: _____ **Date:** _____