Laser Endodontics

AT TYSONS CORNER

Leading-edge root canal care for optimal comfort & results.

NAME & ADDRESS

Name:

_____

_____

Address:

_____

_____

EMERGENCY CONTACT

Name: _____

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

Phone #: _____

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 ☐ Codeine

☐ Latex ☐ Other: _____

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 Prolaspe
- ☐ Liver Disease
- ☐ Mental Disorder
- ☐ Diabetes
- ☐ Fainting Tendency
- ☐ HIV/AIDS
- ☐ Stroke
- ☐ Lung Disease
- ☐ Heart Trouble or Murmur
- ☐ Glaucoma
- ☐ Epilepsy
- ☐ Veneral 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: _____