

**aesthetic smile studio**  
**DRS. BRYAN AND CELESTE SPRINGER**

Patient Information

PLEASE PRINT ONLY

Name: \_\_\_\_\_ Today's Date \_\_\_\_\_  
Gender (M/F) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Single/ Married/ Divorced/ Widowed  
Social Security Number: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Phone numbers**

Home: \_\_\_\_\_ Work : \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell: \_\_\_\_\_ Circle Best number to call. When? \_\_\_\_\_

Referral Information

Name of person, or other source of referring you to our practice: \_\_\_\_\_  
Circle more than one if applies - (TV, Radio, Magazine, Billboard, yellow pages, location, sign)  
Interests: \_\_\_\_\_  
Other family or friends that attend here: \_\_\_\_\_

Spouse or Responsible Party Information

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Driver's license number: \_\_\_\_\_ Employer: \_\_\_\_\_  
Phone numbers  
Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Medical & Dental History

Physician's Name \_\_\_\_\_ Last visit date \_\_\_\_\_  
Previous Dentist \_\_\_\_\_ Last visit date \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Any problems with previous dental care? \_\_\_\_\_

Have you ever had any of the following?

AIDS/ HIV	Mitral Valve Prolapse/ Heart Murmur	Cortisone Therapy
Venereal Disease	Stroke	Epilepsy/ Seizures
Tuberculosis	Heart Disease	Sinus Problems
High Blood Pressure	Rheumatic Fever	Asthma
Bleeding Disorder	Cancer	Nervous Disorder
Liver Disease	Radiation	Osteopenia
Hepatitis Type _____	Thyroid Therapy	Osteoporosis
Kidney Disease	Diabetes	Artificial Joints/Valves

Do you have any other medical problem or history NOT listed above? Yes/No

Please describe \_\_\_\_\_

Are you currently under the care of a physician? Yes/No

For: \_\_\_\_\_

Have you had any serious illnesses or operations in the last 5 years? Yes/ No

Please describe \_\_\_\_\_

Have you ever had a reaction to a local anesthetic or any other dental products? Yes/No

Please describe \_\_\_\_\_

Have you ever been told that you need antibiotic premedication before dental treatment? Yes/ No  
Condition \_\_\_\_\_

Circle all allergies: Penicillin/ Codiene/ Anesthetic/ Latex/ Metals Other: \_\_\_\_\_  
Please describe reactions \_\_\_\_\_

List all medications, vitamins, holistic supplements that you take: \_\_\_\_\_  
\_\_\_\_\_

#### WOMEN

Are you or do you suspect your pregnant? Yes/ No Week Number \_\_\_\_\_

Are you taking any birth control Medicine? Yes/ No

Are you nursing at this time? Yes/ No

### **Important information and Informed Consent**

#### ***Your Treatment Plan***

Your dentist will perform a dental examination and advise you of the current condition of your teeth and gums. Based on this exam and discussions with you, the dentist will recommend and present to you a custom-designed treatment plan which has the goal of improving function and /or appearance of your teeth and gums. Your treatment plan may involve one or a combination of the following procedures veneers, crowns, bonding, inlays, onlays, whitening, root canal therapy, gum or tooth contouring. Below are summary descriptions of some of these procedures. You may also be shown photographs, hear explanations, and /or see presentations illustrating the proposed treatment plan.

#### **Descriptions of Typical Dental Procedures**

**Ceramic Veneers** are shells of porcelain or ceramic-like material that are bonded to the teeth. They typically require some roughening or reduction of the outer tooth structure. The dentist will endeavor to minimize the tooth reduction necessary under the circumstances to achieve the desired aesthetic and functional results. The veneers may be designed and fabricated in a variety of shapes and sizes to modify the appearance and function of teeth.

**Crowns** are natural looking tooth restorations made of ceramic or porcelain. Sometimes there is a metal substructure for strength. If adequate room is not available, a crown may sometimes be made of semi-precious or precious metal only. It covers the entire tooth structure and more tooth must be removed to prepare for this than for a veneer. Crowns may be recommended for teeth requiring additional support due to a loss of healthy tooth structure.

**Inlays or Onlays** are often used when back teeth are broken down but retain enough healthy tooth structure to allow for a more conservative restoration instead of a crown. The tooth is prepared as for a normal filling except the restoration material is custom fabricated in a lab for increased strength and durability.

**A Bridge** is a replacement made for missing teeth. If it is in the front area then it may be composed entirely of a ceramic material or be an overlay of ceramic on metal. Teeth on either side of the space may require some reduction or crowning in order to support the teeth being replaced.

*At a later visit, veneers, crowns, bridges, and inlays/onlays are bonded onto the prepared teeth. Attractive temporary restorations are placed in the interim for comfort, looks, and proper function.*

**Bonding** is a term that is commonly used to refer to the placement of composite resins on teeth. Bonding can be used to make a tooth colored filling for small cavities and to repair broken or chipped tooth surfaces. It can also be used to close small spaces between teeth.

**Whitening** is performed by applying a peroxide gel to the teeth. This can either be done in our office in an accelerated method or in a take home system. The peroxide reacts with the tooth structure to safely whiten the teeth. Man made restorations will not lighten with peroxide.

**Root Canal Therapy** consists of the removal of the infected or irritated nerve tissue that lies within the root of the tooth. This is a possible risk when tooth structure is removed from a tooth or a tooth receives trauma. Usually in the same visit, the canal where the nerve is located will be reshaped and cleaned to accept a special root canal filling material. The root canal is then sealed with a sterile, plastic material.

**Tooth Contouring** is the reshaping of existing tooth structure by removing small amounts.

**Gum Contouring** is the reshaping of the gum tissue which is often done to give a more symmetrical appearance or to reduce a “gummy” smile.

### **Custom Preparation**

Each person is unique and presents a different set of circumstances. Some of these circumstances are not revealed until during the procedure itself (for example, decay hidden under old crowns, etc.) or after. Therefore, the exact nature of the tooth and gum preparation for your treatment plan may vary somewhat from tooth to tooth and may vary from the general descriptions you have read above or seen elsewhere depending on the amount of decay (if any) present, the shape (e.g., gaps, chips, size) and position (e.g., the amount of rotation, spacing or flaring) of the teeth, and the desired look and function of the final restorations. As a result of these and other reasons, the exact nature and contour of the preparation of your teeth and the resulting restorations cannot be known until they are performed. During the course of treatment, unknown or unforeseen conditions may be revealed that necessitate a modification of the proposed treatment plan (e.g., a veneer preparation may become a crown prep). The doctors will exercise their professional judgment to perform a conservative preparation of your teeth and to make other necessary decisions regarding the means, manner and method of any procedures as they deem appropriate to achieve the desired results of the treatment plan or as they otherwise deem advisable under the circumstances.

### **Specific Results Not Guaranteed**

The dental procedures described before have a very high degree of success in our practice. Human tissues, however, react differently to dental treatment depending on a variety of factors. Each individual case is different and the exact result for each specific case is difficult if not impossible to guarantee. Thus, as with any branch of medicine or dentistry, the proposed treatment plan contains no guarantee of specific results. There are many variables that affect how long restorations or whitening can be expected to last, including general health, maintenance of good oral hygiene, regular dental check ups, etc. Therefore, no guarantees can be made or assumed regarding the longevity of restorations or whitening. If you have been provided a computer generated imaging of your smile, you understand that this is an artificial mechanism to serve as a basis for a discussion of treatment, and in no way provides a warranty or representation of specific results. Natural teeth themselves are not “perfect” and contain certain embrasures, striations, and color variations. The doctors use their artistic skills to specify the shades, coloring, shape, and sculpting of the restorations to make what in their experience are very realistic replicas of teeth. As with any type of artistic endeavor, however, aesthetics is a highly subjective perception. You will be allowed to view and approve the lab fabricated ceramic restorations prior to bonding in. Once restorations are placed, and your approval is given, any redo’s based on the shade, coloring, shape, sculpting, and/ or other aesthetic issues will be at the practice’s sole discretion and at its current rates. Therefore, you may want to bring a friend or loved one to attend the seat appointment to help approve final restorations.

### **Alternative Treatments**

There are alternative treatments to the doctor’s recommended treatment plan, which may include, but are not necessarily limited to one or more various combinations of veneers, crowns, bonding, onlays, inlays, whitening, contouring, implant treatments, as well as other non-listed dental treatments. Please make sure you have had an opportunity to ask about these and had them explained to your satisfaction.

### **Non-Treatment Option**

One option is to have no treatment performed. This alternative may entail a number of actual or potential risks, which are difficult or impossible to quantify or predict for specific cases. Some of the risks of non-treatment may include, but are not necessarily limited to, exacerbation of any existing symptoms, deterioration of the aesthetics or function of your teeth, improper biting, tooth, head and/or neck pain, fracturing of teeth, discoloration or staining of your teeth, rotation or movement of teeth, TMJ

complications, additional wear of your teeth to the point that type are not good candidates for reconstruction, loss of teeth, bite problems, poor chewing, loosening of teeth, need for dentures, gum recession, bad breath, inability to perform adequate oral hygiene, abscesses or infection, pain, tooth sensitivity, tooth movements, worsening periodontal condition, deeper pockets, and other health problems.

### **Risks and Inconveniences**

Inherent in the doctor's proposed treatment plan (as well as with many similar or other dental procedures) are certain actual and potential risks and inconveniences, which vary based on individual circumstances and variation in teeth and gums. These risks and inconveniences may last for a short or an indefinable length of time. They include, but are not necessarily limited to, swelling, pain, tooth sensitivity, bleeding, bruising, discoloration, gum recession, abscesses, the need to repeat all or part of the procedure for known or unknown reasons, gagging, exposure of crown margins or edges, numbness, gum, bone or teeth inflammation, lisping, speech impediments or speaking difficulties, infections, virus, changes in facial appearance, stretching of the mouth resulting in cracked corner, stiffness of facial muscles, changes in occlusion, tooth mobility, loss of teeth, oral surgery, food impaction, root staining, oral opening restrictions, tissue sloughing, continued periodontal disease, implant rejections, root canal therapy, numbness of lip, chin and gums, dental neuropathy, temporary or permanent numbness or tingling in the lip, tongue, teeth, gums, chin check or jaw area, nerve problems, parasthesia, joint pain/disorder, need for a night guard, accidental nicks or cuts from dental instruments or needles sticks to the body, injuries to adjacent facial area and teeth, fillings in other teeth, sutures, chipping, breaking or loosening of the temporary or permanent restorations, accidentally swallowing or aspiration restorations, materials or dental tools, referred pain to the ear, neck, jaw, or head, tempromandibular joint(jaw joint) problems, nausea, allergic reaction, bone fracture, delayed healing, sinus complications, adverse reaction to drugs medications, and/or anesthetic (including nitrous oxide), respiratory distress, heart failure, or death. You understand that your condition may be the same, better or worse after treatment. If previously placed dental restorations are in place on teeth, the treatment plan may entail additional alteration of tooth structure to properly prepare these for new restorations, and/or other unknown or unspecified problems or risk, which the doctors may or may not have encountered, and which are difficult or impossible to predict or quantify.

### **Maintenance Obligations**

For successful treatment results and to lessen the dangers of complication, you agree to comply with your individualized maintenance program and keep excellent oral hygiene. It is typical to need follow-up visits for occlusal or other adjustments. You agree to notify the doctors at the earliest possible moment in the event that you experience pain or discomfort that you may believe may be related to the doctor's treatment. You agree to keep your follow-up appointments and to follow recommended treatments for your treatment plan as well as follow other precautions and recommendations that may be provided as part of your pre-op or post-operative instructions.

### **Consent for Patient Information**

I acknowledge that the information that I have given today is correct to the best of my knowledge. I also understand that this information will be held in the strictest confidence and it is my responsibility to inform this office of any changes in medical status.

I understand that the doctors and their team will explain to me in general terms the diagnosis of my condition, the basis for their treatment plan recommendations, general descriptions of the proposed treatment plan, the alternatives (including non-treatment) and the risks and inconveniences. I am encouraged to ask any questions regarding my dental health and have them answered to my satisfaction.

I consent to the making of records, including x-rays, photographs, prescriptions, and other information, which may be needed for treatment, payment, or healthcare operations, including disclosure of personal information before, during and after treatment (together, "Records"). The doctors may disclose my Records to laboratories, other dental offices or professionals involved in my care, and to my insurance providers.

I allow the use of records for training, education, lecture purposes, and advertisement purposes.

I authorize the dental team to perform any necessary dental services that I may need during diagnosis and treatment with my informed consent.

\_\_\_\_\_  
*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_  
**Signature (Guardian if under 18)** \_\_\_\_\_ *Date* \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND CONSENT  
FOR USE AND DISCLOSE OF HEALTH INFORMATION**

**I have received a copy of this office's Notice of Privacy Practice. I understand signing this consent form, I am giving my consent to you to use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

We know that you are concerned about your health and want to receive quality treatment and the peace of mind that goes with it.

Our experienced doctors' extreme attention to detail, unparalleled patient care, and superior reputations for providing the latest advances in rehabilitative and cosmetic dentistry are here to help you with your desires.

**Please take a moment to reflect on your values and acquaint yourself with the options we offer all of our valued patients.**

*\*Check any that are appealing to you*

- Maintaining teeth for a lifetime**
- Crisis-prevention dentistry**
- "Fix it when it breaks"**
- Fresh breath assurance**
- Natural-looking restorations**
- Metal and/ or Mercury-free dentistry**
- Laughing gas during care**
- "Sleeping" through dental procedures**
- Completing dental care in one longer appointment**
- Having a whiter smile**
- Smile Enhancement through restorations**
- Smile Enhancement through orthodontics**
- Phasing ideal dental care into my budget**
- Watching TV or listening to headsets during care**