



# Rockaway Beach Dental Group

## Patient Information

Thank you for choosing our practice for your dental needs. Please complete this form in ink. If you have any questions or concerns, do not hesitate to ask for assistance. We will be happy to help.

(Please Print)

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_  
 Mobile phone# \_\_\_\_\_ Home phone # \_\_\_\_\_ Work phone# \_\_\_\_\_  
 Do you prefer to receive calls at:  Mobile  Work  Home  
 Are you:  Married  Divorced  Single  
 Email Address \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

Who should we contact in an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

## Responsible Party (For Minors Only)

Name of person responsible for this account? \_\_\_\_\_  
 Relationship to patient \_\_\_\_\_ Phone# \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of employer \_\_\_\_\_ Work phone# \_\_\_\_\_

## Dental Insurance

Primary Carrier

Insurance Carrier \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Tel \_\_\_\_\_ Group # \_\_\_\_\_  
 Employer Name \_\_\_\_\_  
 Subscriber's Name \_\_\_\_\_  
 Subscriber's Date of Birth \_\_\_\_\_  
 Subscriber's SSN/ID# \_\_\_\_\_  
 Relationship to Patient \_\_\_\_\_

Secondary Carrier

Insurance Carrier \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Tel \_\_\_\_\_ Group # \_\_\_\_\_  
 Employer Name \_\_\_\_\_  
 Subscriber's Name \_\_\_\_\_  
 Subscriber's Date of Birth \_\_\_\_\_  
 Subscriber's SSN/ID# \_\_\_\_\_  
 Relationship to Patient \_\_\_\_\_

I acknowledge that I have received a copy of *The Facts About Fillings* from Rockaway Beach Dental Group.

\_\_\_\_\_  
Signature of Patient/Parent/Guardian

\_\_\_\_\_  
Date

# Medical History

Name: \_\_\_\_\_

Please check if any of the following conditions apply to you:

Bad Breath	Grinding teeth	Sensitivity to hot
Bleeding Gums	Loose teeth or broken fillings	Sensitivity to sweets
Clicking or popping jaw	Periodontal treatment	Sensitivity when biting
Food collection between teeth	Sores or growths in your mouth	Sensitivity to cold

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of last visit \_\_\_\_\_ Reason \_\_\_\_\_

Please list all medications you are currently taking: \_\_\_\_\_

Have you ever had an allergic or adverse reaction to any medication or substance? Yes No

If yes, list medication \_\_\_\_\_

Describe reaction \_\_\_\_\_

Women only, please check if you are: Pregnant Nursing

Do you have a history of the following? Check "Yes" or "No" to each item.

Yes	No	Yes	No		
				Heart (Surgery, Disease, Attack)	Tuberculosis
				High Blood Pressure	Asthma
				Chest Pain	Hay Fever
				Congenital Heart Disease	Latex Sensitivity
				Heart Murmur	Sinus Trouble
				Mitral Valve Prolapse	Allergies or Hives
				Artificial Heart Valve	Radiation Therapy
				Pacemaker	Chemotherapy
				Rheumatic Fever	Tumors/Cancer
				Arthritis/Rheumatism	Hepatitis A or B
				Cortisone Medication	Hepatitis C
				Swollen Ankles	STD
				Stroke	AIDS
				Diet (Special/Restricted)	HIV Positive
				Artificial Joints (Hip/Knee)	Cold Sores
				Kidney Trouble	Blood Transfusion
				Psychiatric/Psychological Care	Hemophilia
				Ulcers	Sickle Cell Disease
				Anorexia/Bulimia	Bruise Easily
				Diabetes	Yellow Jaundice
				Thyroid Problems	Epilepsy/Seizures
				Glaucoma	Neurological Disorder
				Contact Lenses	Fainting/Dizzy Spells
				Chronic Cough	Nervous/Anxious
				Emphysema	Other:

## Authorization

*I certify that I have read and understand the above information is necessary to provide me with dental care in a safe and efficient manner. I have answered all questions to the best of my knowledge. Should further information be needed, you have my permission to ask the respective health care provider or agency, who may release such information to you. I will notify the doctor of any change in my health or medication.*

\_\_\_\_\_  
Patient Signature (or Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor Signature

\_\_\_\_\_  
Date

# Consent for Use and Disclosure of Health Information (HIPAA)

## Acknowledgement of Receipt of Notice of Privacy Practices (HIPAA) and Dental Materials Fact Sheet

### Section A: Patient Giving Consent

Name of Patient: \_\_\_\_\_  
(PRINT)

### Section B: PATIENTS PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

**Purpose of Consent:** By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities and healthcare operations.

**Notice of Privacy Practices:** You have the right to read our Notice of Privacy Practices before you decide to sign this Consent. Our notice provides a description of our treatment, payment activities and healthcare operations, of the uses and disclosures we may make of your protected health information. A copy of our Notice is available at your request in our office. We encourage you to request a copy and read it carefully and completely before signing this consent. We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting:

**Rockaway Beach Dental Group**  
205 Rockaway Beach Ave, Suite 8  
Pacifica, CA 94044  
Phone: (650)355-3126  
Email: [info@rockawaybeachdentalgroup.com](mailto:info@rockawaybeachdentalgroup.com)

**Right to Revoke:** You will have the right to revoke this Consent at any time by providing our office with a written notice of your revocation submitted to the contact person listed above. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

**Consent:** I, the patient and/or representative\*, have had full opportunity to read and consider the contents of this consent form and your Notice of Privacy Practices. I understand by signing this Consent form, I am giving my consent to use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

**Acknowledgement of receipt of Notice of Privacy Practices (HIPAA) and Dental Materials Fact Sheet:** By signing below, I acknowledge that I have received a copy of the Notice of Privacy Practices (HIPAA) and Dental Materials Fact Sheet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* If this Consent is signed by a personal representative on behalf of the patient, please complete the following: Personal

Representative Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT.

Name: \_\_\_\_\_

## Rockaway Beach Dental Group Financial and Appointment Policy

### Accepted Payment Types

We accept all major credit cards, check, money order, or Lending Point. We do not accept cash. There is a processing fee of \$75.00 for all returned checks.

### Payment Policy

We ask for cooperation from all our patients to pay for single day services at the time of treatment, including those with dental insurance. By paying for treatment on the day of service, or the estimated patient portion, it helps us to reduce bookkeeping and billing expenses that increase the cost of your care.

### Insurance Policy

The patient or guarantor is ultimately responsible for all account balances regardless of insurance coverage. Not all services are covered benefits in all carrier contracts. Your employer has selected the level of coverage based on the premium paid.

We submit insurance claims as a patient courtesy, however, that contract exists between the patient/insured and the insurance carrier. We do our best to help all patients received the maximum benefits their plan will allow for the treatment they receive. Our business is providing excellent dental care. When or if there are insurance difficulties, please know that we are working on your behalf and we pledge to do our best.

In most cases, you have authorized insurance payments to come directly to us. We will estimate your portion based on historical information from your insurance carrier. Your portion is due at the time of service. Please be prepared to pay your estimated patient portion. In some cases, insurance carriers will send the payment directly to the patient. We will still file the claims on your behalf as a courtesy. In this case, the full payment will be your responsibility at the time of service.

To ensure that we are providing the most accurate estimates, it is important that you are familiar with your insurance coverage, and that you provide us with accurate information. Please ensure that you notify the office in advance of your appointment if there have been any changes to your insurance coverage. It is your responsibility to be aware of your coverage and network participation status.

### Broken Appointments

We understand that unplanned issues can come up and you may need to cancel an appointment. If that happens, we respectfully ask for scheduled appointments to be cancelled at least **48 business hours in advance**. Our doctors and staff want to be available for your needs and the needs of all our patients. When a patient does not arrive for a scheduled appointment, another patient loses an opportunity to be treated. Circumstances have caused us to enforce a policy of charging for missed appointments, and those appointments not cancelled within this window. As of January 1, 2015, there will be a fee of \$75.00 per hour for a broken appointment or a cancellation with less than 48 hour notice. In the case of repeated broken appointments, a nonrefundable deposit may be required.

By signing below, I indicate that I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered, as well as any finance charges, cancellation fees, returned check fees, or collection costs. I have read the Financial and Appointment Policy, and understand my obligations.

I authorize the release of any information relating to my claim to my insurance carrier. I authorize payment directly to Rockaway Beach Dental Group for benefits otherwise payable to me. I leave my signature on file for future claims that relate to me.

Patient or parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

# *The Facts About Fillings*



**DENTAL BOARD OF CALIFORNIA**

[www.dbc.ca.gov](http://www.dbc.ca.gov)



# *Dental Materials Fact Sheet*

## **What About the Safety of Filling Materials?**

Patient health and the safety of dental treatments are the primary goals of California's dental professionals and the Dental Board of California. The purpose of this fact sheet is to provide you with information concerning the risks and benefits of all the dental materials used in the restoration (filling) of teeth.

The Dental Board of California is required by law\* to make this dental materials fact sheet available to every licensed dentist in the state of California. Your dentist, in turn, must provide this fact sheet to every new patient and all patients of record only once before beginning any dental filling procedure.

As the patient or parent/guardian, you are strongly encouraged to discuss with your dentist the facts presented concerning the filling materials being considered for your particular treatment.

\* *Business and Professions Code 1648.10-1648.20*

## **Allergic Reactions to Dental Materials**

Components in dental fillings may have side effects or cause allergic reactions, just like other materials we may come in contact with in our daily lives. The risks of such reactions are very low for all types of filling materials. Such reactions can be caused by specific components of the filling materials such as mercury, nickel, chromium, and/or beryllium alloys. Usually, an allergy will reveal itself as a skin rash and is easily reversed when the individual is not in contact with the material.

There are no documented cases of allergic reactions to composite resin, glass ionomer, resin ionomer, or porcelain. However, there have been rare allergic responses reported with dental amalgam, porcelain fused to metal, gold alloys, and nickel or cobalt-chrome alloys.

If you suffer from allergies, discuss these potential problems with your dentist before a filling material is chosen.

# Toxicity of Dental Materials

## *Dental Amalgam*

Mercury in its elemental form is on the State of California's Proposition 65 list of chemicals known to the state to cause reproductive toxicity. Mercury may harm the developing brain of a child or fetus.

Dental amalgam is created by mixing elemental mercury (43-54%) and an alloy powder (46-57%) composed mainly of silver, tin, and copper. This has caused discussion about the risks of mercury in dental amalgam. Such mercury is emitted in minute amounts as vapor. Some concerns have been raised regarding possible toxicity. Scientific research continues on the safety of dental amalgam. According to the Centers for Disease Control and Prevention, there is scant evidence that the health of the vast majority of people with amalgam is compromised.

The Food and Drug Administration (FDA) and other public health organizations have investigated the safety of amalgam used in dental fillings. The conclusion: no valid scientific evidence has shown that amalgams cause harm to patients with dental restorations, except in rare cases of allergy. The World Health Organization reached a similar conclusion stating, "Amalgam restorations are safe and cost effective."

A diversity of opinions exists regarding the safety of dental amalgams. Questions have been raised about its safety in pregnant women, children, and diabetics. However, scientific evidence and research literature in peer-reviewed scientific journals suggest that otherwise healthy women, children, and diabetics are not at an increased risk from dental amalgams in their mouths. The FDA places no restrictions on the use of dental amalgam.

## *Composite Resin*

Some Composite Resins include Crystalline Silica, which is on the State of California's Proposition 65 list of chemicals known to the state to cause cancer.

**It is always a good idea to discuss any dental treatment thoroughly with your dentist.**

## DENTAL AMALGAM FILLINGS

Dental amalgam is a self-hardening mixture of silver-tin-copper alloy powder and liquid mercury and is sometimes referred to as silver fillings because of its color. It is often used as a filling material and replacement for broken teeth.

### *Advantages*

- ♥ Durable; long lasting
- ♥ Wears well; holds up well to the forces of biting
- ♥ Relatively inexpensive
- ♥ Generally completed in one visit
- ♥ Self-sealing; minimal-to-no shrinkage and resists leakage
- ♥ Resistance to further decay is high, but can be difficult to find in early stages
- ♥ Frequency of repair and replacement is low

### *Disadvantages*

- Refer to “What About the Safety of Filling Materials”
- Gray colored, not tooth colored
- May darken as it corrodes; may stain teeth over time
- Requires removal of some healthy tooth
- In larger amalgam fillings, the remaining tooth may weaken and fracture
- Because metal can conduct hot and cold temperatures, there may be a temporary sensitivity to hot and cold.
- Contact with other metals may cause occasional, minute electrical flow

**T**he durability of any dental restoration is influenced not only by the material it is made from but also by the dentist’s technique when placing the restoration. Other factors include the supporting materials used in the procedure and the patient’s cooperation during the procedure. The length of time a restoration will last is dependent upon your dental hygiene, home care, and diet and chewing habits.

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## COMPOSITE RESIN FILLINGS

Composite fillings are a mixture of powdered glass and plastic resin, sometimes referred to as white, plastic, or tooth-colored fillings. It is used for fillings, inlays, veneers, partial and complete crowns, or to repair portions of broken teeth.

### *Advantages*

- ♥ Strong and durable
- ♥ Tooth colored
- ♥ Single visit for fillings
- ♥ Resists breaking
- ♥ Maximum amount of tooth preserved
- ♥ Small risk of leakage if bonded only to enamel
- ♥ Does not corrode
- ♥ Generally holds up well to the forces of biting depending on product used
- ♥ Resistance to further decay is moderate and easy to find
- ♥ Frequency of repair or replacement is low to moderate

### *Disadvantages*

- Refer to “*What About the Safety of Filling Materials*”
- Moderate occurrence of tooth sensitivity; sensitive to dentist’s method of application
- Costs more than dental amalgam
- Material shrinks when hardened and could lead to further decay and/or temperature sensitivity
- Requires more than one visit for inlays, veneers, and crowns
- May wear faster than dental enamel
- May leak over time when bonded beneath the layer of enamel



## GLASS IONOMER CEMENT

Glass ionomer cement is a self-hardening mixture of glass and organic acid. It is tooth-colored and varies in translucency. Glass ionomer is usually used for small fillings, cementing metal and porcelain/metal crowns, liners, and temporary restorations.

### *Advantages*

- ♥ Reasonably good esthetics
- ♥ May provide some help against decay because it releases fluoride
- ♥ Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- ♥ Material has low incidence of producing tooth sensitivity
- ♥ Usually completed in one dental visit

### *Disadvantages*

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended for biting surfaces in permanent teeth
- As it ages, this material may become rough and could increase the accumulation of plaque and chance of periodontal disease
- Does not wear well; tends to crack over time and can be dislodged

## RESIN-IONOMER CEMENT

Resin ionomer cement is a mixture of glass and resin polymer and organic acid that hardens with exposure to a blue light used in the dental office. It is tooth colored but more translucent than glass ionomer cement. It is most often used for small fillings, cementing metal and porcelain metal crowns and liners.

### *Advantages*

- ♥ Very good esthetics
- ♥ May provide some help against decay because it releases fluoride
- ♥ Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- ♥ Good for non-biting surfaces
- ♥ May be used for short-term primary teeth restorations
- ♥ May hold up better than glass ionomer but not as well as composite
- ♥ Good resistance to leakage
- ♥ Material has low incidence of producing tooth sensitivity
- ♥ Usually completed in one dental visit

### *Disadvantages*

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended to restore the biting surfaces of adults
- Wears faster than composite and amalgam

## PORCELAIN (CERAMIC)

Porcelain is a glass-like material formed into fillings or crowns using models of the prepared teeth. The material is tooth-colored and is used in inlays, veneers, crowns and fixed bridges.

### *Advantages*

- ♥ Very little tooth needs to be removed for use as a veneer; more tooth needs to be removed for a crown because its strength is related to its bulk (size)
- ♥ Good resistance to further decay if the restoration fits well
- ♥ Is resistant to surface wear but can cause some wear on opposing teeth
- ♥ Resists leakage because it can be shaped for a very accurate fit
- ♥ The material does not cause tooth sensitivity

### *Disadvantages*

- Material is brittle and can break under biting forces
- May not be recommended for molar teeth
- Higher cost because it requires at least two office visits and laboratory services

## NICKEL OR COBALT- CHROME ALLOYS

Nickel or cobalt-chrome alloys are mixtures of nickel and chromium. They are a dark silver metal color and are used for crowns and fixed bridges and most partial denture frameworks.

### *Advantages*

- ♥ Good resistance to further decay if the restoration fits well
- ♥ Excellent durability; does not fracture under stress
- ♥ Does not corrode in the mouth
- ♥ Minimal amount of tooth needs to be removed
- ♥ Resists leakage because it can be shaped for a very accurate fit

### *Disadvantages*

- Is not tooth colored; alloy is a dark silver metal color
- Conducts heat and cold; may irritate sensitive teeth
- Can be abrasive to opposing teeth
- High cost; requires at least two office visits and laboratory services
- Slightly higher wear to opposing teeth



## **PORCELAIN FUSED TO METAL**

This type of porcelain is a glass-like material that is “enameled” on top of metal shells. It is tooth-colored and is used for crowns and fixed bridges

### ***Advantages***

- ♥ Good resistance to further decay if the restoration fits well
- ♥ Very durable, due to metal substructure
- ♥ The material does not cause tooth sensitivity
- ♥ Resists leakage because it can be shaped for a very accurate fit

### ***Disadvantages***

- More tooth must be removed (than for porcelain) for the metal substructure
- Higher cost because it requires at least two office visits and laboratory services

## **GOLD ALLOY**

Gold alloy is a gold-colored mixture of gold, copper, and other metals and is used mainly for crowns and fixed bridges and some partial denture frameworks

### ***Advantages***

- ♥ Good resistance to further decay if the restoration fits well
- ♥ Excellent durability; does not fracture under stress
- ♥ Does not corrode in the mouth
- ♥ Minimal amount of tooth needs to be removed
- ♥ Wears well; does not cause excessive wear to opposing teeth
- ♥ Resists leakage because it can be shaped for a very accurate fit

### ***Disadvantages***

- Is not tooth colored; alloy is yellow
- Conducts heat and cold; may irritate sensitive teeth
- High cost; requires at least two office visits and laboratory services

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