



Dynamite Smiles Dentistry

Patient, Pharmacy & Insurance Information

First Name _____ M.I. _____ Last Name _____

Street _____ City _____ State _____ Zip _____

Preferred Phone # _____ Is this a mobile number? ☐ Yes ☐ No

Email Address _____

Date of Birth _____ Sex: ☐ Male ☐ Female ☐ Unspecified

Emergency Contact _____ Emergency Phone # _____

Who can we thank for referring you to our office? ☐ Google ☐ Walk-by ☐ Nextdoor ☐ Facebook

☐ Existing Patient. If yes, Name of the referring patient: _____

☐ Other. Please specify: _____

Responsible Party

First Name _____ DOB _____ Last Name _____

Responsible Party Signature _____

Preferred Pharmacy

Name _____ Phone # _____

Primary Dental Insurance

Is the subscriber the same as patient? ☐ Yes ☐ No

First Name _____ M.I. _____ Last Name _____

Employer Name _____ Insurance Company _____

Insurance Phone # _____

Subscriber ID/Policy # _____ Group/Contract # _____ Date of Birth _____

Subscriber Social Security # _____

Patient Relationship to Subscriber: ☐ Self ☐ Spouse ☐ Child ☐ Other Dependent

Secondary Dental Insurance

Is the subscriber the same as patient? ☐ Yes ☐ No

First Name _____ M.I. _____ Last Name _____

Employer Name _____ Insurance Company _____



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Insurance Phone # _____

Subscriber ID/Policy # _____ Group/Contract # _____ Date of Birth _____

Subscriber Social Security # _____

Health History

Reason for Visit: ☐ Check-up ☐ Cosmetic ☐ Broken Tooth ☐ Tooth Pain ☐ Dentures ☐ Other: _____

Primary Physician's Name: _____ Physician's Phone # _____

Are you taking or have you taken any steroid/cortisone therapy in the last 2 years? ☐ Yes ☐ No

Are you taking or have you taken Oral Bisphosphonates (e.g., FOSAMAX, BONIVA) or IV

Bisphosphonates, (e.g., ZOMETA, AREDIA)? ☐ Yes ☐ No How Long? _____

Do you require antibiotics prior to dental procedures? ☐ Yes ☐ No

Are you allergic or have you had an adverse reaction to the following?

☐ None ☐ Amoxicillin ☐ Aspirin ☐ Codeine ☐ Epinephrine ☐ Latex ☐ Metals ☐ Novocain

☐ Penicillin ☐ Sulfa ☐ Tetracycline ☐ Other: _____

Other: _____

List any medications you are taking including non-prescription drugs and herbal/vitamins:

☐ None

Check any conditions that apply to you:

☐ NONE

☐ Mitral Valve Prolapse

☐ Shingles

☐ Circulatory Problems

☐ A-fib

☐ Nervous Problems

☐ Chemotherapy

☐ Arrhythmia

☐ Currently Pregnant

☐ Cortisone Treatments

☐ Asthma

☐ Rapid Weight Loss

☐ Diabetes

☐ Blood Disease

☐ Shortness of Breath

☐ Headaches

☐ Jaw Pain

☐ Spinal Stenosis Neuropathy

☐ Herpes

☐ Jaw Pain

☐ Tobacco Habit

☐ Lyme Disease

☐ Glaucoma

☐ Ulcerative Colitis

☐ Stroke

☐ Heart Murmur

☐ Anemia

☐ Kidney Disease



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- | | | |
|--|---|--|
| ☐ Heart Stent | ☐ Artificial Joints | ☐ Shingles |
| ☐ HIV | ☐ Atopic (Allergy Prone) | ☐ Psychiatric Care |
| ☐ Thyroid Disease | ☐ Tonsillitis | ☐ OsteoArthritis |
| ☐ Back Problems | ☐ Cancer | ☐ Chronic Pain Syndrome |
| ☐ Chronic Cough | ☐ Epilepsy | ☐ Hearing Impairment |
| ☐ Heart Problems | ☐ High Blood Pressure | ☐ Psychiatric Care |
| ☐ Other: _____ | | |

HIPAA Information and Consent Form

DYNAMITE SMILES DENTISTRY

28190 N. ALAMA SCHOOL PKWY., SUITE 111

SCOTTSDALE, AZ 85262

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been our practice for years. This form is a "friendly" version.

A more complete text is posted in the office. What this is all about: Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services. www.hhs.gov

We have adopted the following policies:

1. Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. Patient files may be stored in open file racks and will not contain any coding which identifies a patient's condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons



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other than office staff. You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI and other documents or information.

2. It is the policy of this office to remind patients of their appointments. We may do this by telephone, e-mail, U.S mail, or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to office policy and new technology that you might find valuable or informative.

3. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.

4. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties

Patient/Guardian Signature:_____

Date:_____

Cancellation Policy for Dental Appointments

Our goal at Dynamite Smiles Dentistry is to provide quality dental care in a timely manner. We do understand that illness, emergencies, flat tires, and bad weather do occur. We ask our patients to give us 24 hours' notice whenever possible if they cannot keep an appointment.

This allows us time to fill our schedule with other patients who may be waiting. We appreciate your understanding and consideration regarding our cancellation and failed appointment policy.

- Cancellation or rescheduling of an appointment with 24 hours or more notification will result in no charge.

- A failed appointment is an appointment that is cancelled/rescheduled without 24 hours' notice or an appointment where a patient does not show up.



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- We do allow for one (1) broken appointment as a courtesy.
- Any additional failed appointments will be charged a fee of \$40 for a hygiene appointment and/or \$75 per hour for a doctor's appointment.
- After two (2) failed appointments, we may require a deposit of up to 100% that will be applied to your appointment, in order to reserve any further appointments.
- After three (3) failed appointments you risk being dismissed from the practice.

To cancel or reschedule appointments please call 480-591-8111. If you do not reach the scheduling coordinator you may leave a detailed message on the voice mail or with our afterhours answering service.

Patient/Guardian Signature: _____

Date: _____

Photo Consent Form

I,

grant permission to Dynamite Smiles Dentistry for the use of the photograph(s) or electronic media images as identified below in any presentation of any and all kind whatsoever. I understand that I may revoke this authorization at any time by notifying Dynamite Smiles Dentistry in writing. The revocation will not affect any actions taken before the receipt of this



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written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

Patient/Guardian Signature:_____

Date:_____

Insurance Quote Estimates

Insurance Quotes Are Only Estimates.

All estimates you have received from our office are as stated, estimates. As a



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courtesy to our patients, we do contact via fax and phone call your dental carrier for a breakdown of benefits and that information is reflected on your estimate. The employees of this dental office are not responsible for that estimate, as we are relaying the information sent to us from the carrier.

Unfortunately, your dental carrier will NOT guarantee any information given to us; therefore, we cannot guarantee what percentage of your treatment they will cover. We do not base your diagnosis on what your insurance will cover. Diagnosis of treatment is based on your dental health and what the teeth, bone, and/or gums need, in a conservative approach.

The patient is ultimately responsible for all charges incurred with our office should your insurance carrier does not pay for any reason. Please be aware that insurance companies are also very strict on what their benefits will cover and will often try to **maneuver and apply exclusion to your benefit to minimize their cost yet maximize your premium.** **We are here to care for you and will do our best to help you receive the care you need.**

Sincerely,
DYNAMITE SMILES DENTISTRY

Patient/Guardian Signature: _____

Date: _____