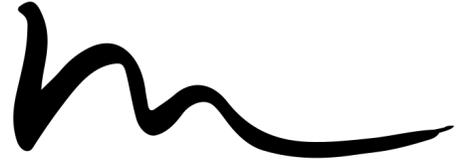


# MARLTON

FAMILY DENTISTRY



560 A Lippincott Drive, Bldg. B  
Marlton, NJ 08053  
856.985.1800 (p) | 856.985.7170 (f)  
marltonfamilydentistry.com

*Welcome to Marlton Family Dentistry! We appreciate the confidence you place in us to provide dental care to you and your family. To assist us in serving you, please complete the following form(s). If there have been any changes in your health since your last visit, please tell us.*

*If you have any questions, please don't hesitate to ask.*

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
*(if different than above)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name/relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Primary Dental Insurance Provider: \_\_\_\_\_ Group Number: \_\_\_\_\_

Secondary Dental Insurance Provider: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female  
(circle one)

Subscriber's Insurance Number: \_\_\_\_\_

Name of your Primary Care Physician: \_\_\_\_\_

Date of Last Visit to PCP: \_\_\_\_\_

Referred to Us By:  
(please indicate any that are relevant)

Friend/Family (name, so we can thank them): \_\_\_\_\_

Medical Provider (name, so we can thank them): \_\_\_\_\_

Outside Signage/Location	Google	Facebook	Yelp
Referral Card	Community Event	Direct Mail	Invisalign Site
HealthGrades	Newspaper	Insurance	Local Ad

Other (please indicate): \_\_\_\_\_

## **Medical History**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Date of last physical exam: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Physician's Phone#: \_\_\_\_\_

2. Have you ever been hospitalized (if yes, explain below)? Yes / No

\_\_\_\_\_  
\_\_\_\_\_

3. Have you been under the care of a medical doctor during the past two years (if yes, explain)?  
Yes / No

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4. Have you ever had any excessive bleeding requiring special treatment?      Yes No

**5. Women:** Are you pregnant/trying to get pregnant/breast feeding?      Yes No

6. Are you allergic to or have you had an allergic reaction to any of the following (please circle if yes):

Local Anesthetic      Penicillin      Codeine      Other Antibiotic: \_\_\_\_\_

Latex      Acrylic      Metals      Other: \_\_\_\_\_

7. Are you taking or have you ever taken any of the following medications (please circle if yes):

Fosamax      Actonel      Boniva      For how long? \_\_\_\_\_

Aredia      Reclast      Zometa      When did you stop? \_\_\_\_\_

8. Please list other medications you are taking:

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**Have you ever had any of the following?**

Chest Pains	Yes No	Shortness of Breath	Yes No	Hives/Skin Rashes	Yes No
Heart Failure	Yes No	Ulcers	Yes No	Alcoholism	Yes No
Heart Disease	Yes No	Mental Health Issues	Yes No	Herpes	Yes No
Heart Attack	Yes No	Emphysema	Yes No	Glaucoma	Yes No
Heart Problems	Yes No	Fainting/Dizziness	Yes No	Steroid Treatment	Yes No
Angina Pectoris	Yes No	Eating Disorder	Yes No	Arthritis	Yes No
Heart Surgery	Yes No	Epilepsy/Seizures	Yes No	Dental Implant	Yes No
Liver Disease	Yes No	Persistent Cough	Yes No	Dentures/Partials	Yes No
Hypertension	Yes No	Tuberculosis	Yes No	Birth Defects	Yes No
Heart Murmur	Yes No	Asthma	Yes No	HIV+, AIDS, ARC	Yes No
Rheumatic Fever	Yes No	Hepatitis A	Yes No	Hay Fever	Yes No
Psychiatric Treatment	Yes No	Hepatitis B	Yes No	Tobacco Products	Yes No
Sickle Cell Disease	Yes No	Hepatitis C or D	Yes No	Bruise Easily	Yes No
Sinus Trouble	Yes No	Pacemaker	Yes No	Jaundice	Yes No
Artificial Joints	Yes No	Night Sweats	Yes No	Kidney Trouble	Yes No
Thyroid Disease	Yes No	Stroke	Yes No	Diabetes	Yes No
Anemia	Yes No	Drug Addiction	Yes No	Chemotherapy	Yes No
Blood Transfusion	Yes No	Cold Sores	Yes No	Cancer	Yes No
Mitral Valve Prolapse (MVP)	Yes No	Radiation Therapy	Yes No	Transplant	Yes No

**Dental History**

1. Date of last dental exam: \_\_\_\_\_ Date of last dental x-rays: \_\_\_\_\_

2. Previous dentist's name/location:

\_\_\_\_\_

3. Are you having tooth or gum pain at this time? Yes No

4. Do you feel nervous about having dental treatment? Yes No

5. Have you ever had a bad experience in a dental office? Yes No

6. Do your gums bleed when brushing / flossing? Yes No
7. Have you ever seen a periodontist? Yes No
8. Have you ever had a “deep cleaning” (Scaling and Root Planing)? Yes No
9. Is there anything you would like to speak with the Doctor about in private? Yes No
10. Would you be interested in discussing ways to improve your smile? Yes No

If yes, please explain:

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**Do you have any of the following dental concerns:**

Clicking in jaw joint	Yes No	Sensitivity to: Hot / Cold / Sweets / Biting	
Pain in or around your ears	Yes No	Swelling	Bleeding Gums
Difficulty opening or closing	Yes No	Bad Taste	Bad Breath
Difficulty chewing	Yes No	Food Catching	Tooth Pain
History of trauma to jaw or face	Yes No	Clenching	Grinding
Diagnosis of TMJ/TMD	Yes No	Other:	_____

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**I understand the importance of a truthful health history and realize that incomplete information may have an adverse effect on my treatment. To the best of my knowledge, the information above is complete and accurate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(patient or legally authorized representative)*

Doctor's Signature \_\_\_\_\_

Doctor's Notes:

**Helpful Information**

PATIENT NAME: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*At Marlton Family Dentistry, our team is committed to providing you and your family lifelong dental care. While advanced dental treatment is important, we want the time you spend in our office to be a pleasant and positive one, as well.*

*Our goal is to put our PATIENTS FIRST and enhance the positives during dental visits. Thank you for your honesty and we look forward to a long-lasting relationship.*

Why did you choose to come to the dentist today?

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If you were referred to us by a physician, what did s/he share with you about the importance of seeing a dentist for your care?

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Was your last dental visit a positive experience? If not, what made it less than pleasant?

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Have you ever had dental treatment recommended that you chose not to have? What made you not move forward?

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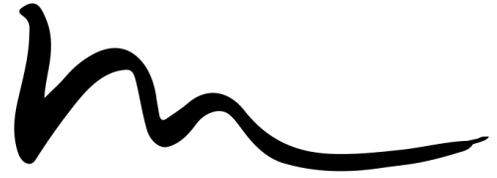
What is the key to having you remain a long-term patient at Marlton Family Dentistry?

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## Acknowledgement of Receipt of Notice of Privacy Practices

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

State and federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with a Notice of Privacy Practices. If you prefer a paper copy to take home with you, please ask a team member for a copy of our Notice.

I acknowledge that a copy of this office's Notice of Privacy Practices has been made available to me. I have been given the opportunity to ask any questions I may have regarding this Notice.

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

-----FOR OFFICE USE ONLY-----

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (Please Specify)

**Authorization for Release of Information to Family and/or Friends**

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Marlton Family Dentistry** is authorized to discuss my dental care and may release my confidential health information to the following:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_ Please check here if you do not want any of your information released or discussed with anyone.

**Rights of the Patient**

I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed as described in this document by sending a written notification to **Marlton Family Dentistry, 560A Lippincott Drive, Bldg. B, Marlton, NJ 08053**. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward.

I understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing this authorization.

This authorization shall be in force and effective until revoked by the patient or representative signing the authorization.

\_\_\_\_\_  
Signature of Patient or Personal Representative Date: \_\_\_\_\_

\_\_\_\_\_  
Description of Personal Representative's Authority (attach necessary documentation)

## **Financial Agreement**

Marlton Family Dentistry thanks you for choosing us as your dental provider. We consider it a privilege to serve you and your family's dentistry needs. Because we are committed to providing you with the highest level of patient care and building a trustworthy provider-patient relationship, understanding our financial responsibility terms is vital. If at any time, you have questions or concerns regarding the terms or your fees, please feel free to contact our Office Manager, Charisse, at 856-985-1800.

If you do not have insurance, proof of your insurance, or participate in a plan that will not honor an assignment of insurance benefits, payment for services will be due at the time of service unless a payment arrangement has been approved in advance by our staff.

We make payment as convenient as possible by accepting cash, money order, MasterCard, Discover, American Express, VISA and in-state checks. We also work with CareCredit. A \$35 service fee will be charged for all returned checks. Additionally, you may authorize us to keep a credit card on file for your convenience, knowing that we adhere to the highest level of information security.

### **INTEREST**

Interest occurs if a balance remains unpaid after 60 days.

### **INSURANCE**

Please remember that your insurance policy is a contract between you and your insurance provider. As a courtesy, we will bill your insurance to help you receive the maximum allowable benefit under your plan but have found that patients who are involved with their claims process are more successful at receiving prompt and accurate payment from their insurance carriers. We do expect patients to be interactive and responsible for communicating with your carrier on any open claims.

It is your responsibility to provide all necessary insurance eligibility, identification, authorization and referral information, and to notify our office of any information changes when they occur. Even a preauthorization of services **does not** guarantee payment from an insurance carrier.

We also require photo ID when accepting insurance information. It is the patient's responsibility to know if our office is participating or non-participating with their insurance plan. Failure to provide all required information may necessitate patient payment for all charges. When insurance is involved, we are contractually obligated to collect copayments, co-insurance and deductibles, as outlined by your carrier.

Please be aware that out-of-network insurance carriers often prohibit assignment of benefits and may try to limit their financial liability with arbitrary limits, exclusions or reductions such as reasonable and customary or unusual and prevailing reductions. Our fees are will within such ranges and although we will assist in the filing of an appeal if these limitations are imposed, you as the guarantor are

responsible for all out-of-network fees. If we are not contracted with your carrier, we will not negotiate reduced fees with them.

**MISCELLANEOUS FORMS, ADDITIONAL INFORMATION, AUTHORIZATIONS**

We will provide all necessary information to have your benefits released. However, if it becomes necessary to submit redundant or unnecessary information for the completion of claim forms for school, sports or extracurricular activities, there will be an administrative fee, not to exceed \$35.00, for the additional information requests.

**MISSED APPOINTMENTS**

We require notice of cancellations at least 24 hrs. in advance. This allows us to offer the appointment to another patient. If you fail to keep your appointments without notifying us in advance, a missed appointment fee will apply. This fee typically is \$75.00 but will not exceed one-half of the cost of your scheduled appointment. Repeatedly missed appointments without notification may cause you to be discharged from the practice so we may provide care to other patients.

**MEDICAL RECORDS FEES**

Patients are entitled under federal law to have access to their protected health information and we follow all rules, guidelines and exceptions to ensure compliance to patient rights. However, providers also have the right to compensation for records and our fees are reasonable cost-based fee for copies including supplies, labor and postage for the files and/or summaries.

We realize that temporary financial problems may affect timely payment of your account. If this should occur, please contact us for assistance in the management of your account. Our goal is to provide quality care and service. Please let us know immediately if you require any assistance or clarification.

**TIMELINESS OF APPOINTMENTS**

We try to see everyone in a timely manner but if we are taking too long, please let our reception staff know so we can best serve your needs and reschedule, if necessary.

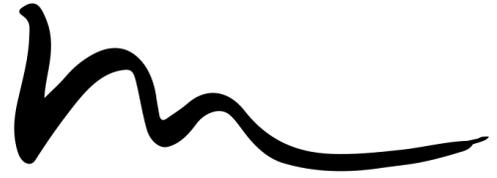
I have read and understand the above financial agreement and policies. I agree to assign insurance benefits to Marlton Family Dentistry whenever applicable. I also agree, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections if such action becomes necessary.

Signature of Insured or Authorized Representative: \_\_\_\_\_

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

# MARLTON

## FAMILY DENTISTRY



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### **INFORMED CONSENT FOR DENTAL PROCEDURES**

Explanation of policies in the event of adverse treatment outcomes

*Every effort is made at diagnostic and planning visits to thoroughly explain the treatment that our doctors recommend. In order to ensure that you have made an informed decision, any possible untoward events – no matter how unlikely – were discussed with you. At Marlton Family Dentistry, we take a PATIENTS FIRST approach and want you comfortable with all treatment decisions.*

*Please review the following and the doctor(s) will be happy to discuss any concerns that will allow you to feel you are in good hands regarding the course of treatment you choose.*

### **CROWNS AND BRIDGES**

A crown (or cap) is a replacement for tooth structure that has been lost due to fracture or decay. It may be made of some form of metal and can have porcelain baked onto it. Some crowns are all porcelain without metal. Our doctors use the most reliable and experienced laboratory technicians available. Crowns do, however, have a finite lifespan. The mouth is a biological system and as such, is somewhat unpredictable. Some of the events that are not within the control of our doctors even when all procedures are performed to the highest standard of care can include:

- The nerve within a tooth covered by a crown may become inflamed or necrotic (die) and require a root canal.
- The tooth may fracture, requiring a new crown or bridge.
- The root of the tooth may fracture, requiring extraction of the tooth and replacement.
- The tooth may suffer decay around the edges or under the crown, requiring a new crown, root canal, or extraction/replacement.

At Marlton Family Dentistry, any complications will be managed by the doctors as they deem necessary or referred to the appropriate specialist. Any treatment will be performed according to Marlton Family Dentistry's fee schedule.

## **VENEERS (PORCELAIN LAMINATES)**

A porcelain laminate is a thin shell of porcelain bonded to a tooth to enhance the aesthetic look of a smile. Porcelain laminates can compensate for staining, crooked or misshapen teeth, spacing or simply to quickly align or brighten a smile. Once a laminate has been tried in, accepted, and cemented, it cannot be removed without some tooth preparation. Each laminate is carefully tried in and evaluated by the doctor and the patient before final bonding. Our doctors use the most reliable and experienced laboratory technicians available.

Porcelain laminates do, however, have a finite lifespan. The mouth is a biological system, and as such, is somewhat unpredictable. Some of the events that are not within our control even when all procedures are performed to the highest standard of care include:

- Recession of the gum tissue may occur, exposing the margin of the laminate.
- A laminate - in the course of normal use - may fracture, requiring replacement.
- The treated teeth may become sensitive to cold temporarily or even permanently.
- The tooth may suffer decay around the edges or under the laminate, requiring a new laminate and/or root canal.

Any complications will be managed by the doctors as they deem necessary or referred to the appropriate specialist for treatment. Any treatment will be performed according to Marlton Family Dentistry's fee schedule.

## **DENTAL IMPLANTS**

A dental implant is a titanium root replacement. The titanium implant is placed within the bone of the jaw and is treated by the body as if it were bone, becoming firmly integrated within the jaw. The implant is then considered strong enough to support a crown or assist – with other implants – in supporting multiple crowns. Our doctors use the most reliable and predictable implant system and have successfully resorted thousands of implants.

The mouth is a biological system and as such, is somewhat unpredictable. Most of these unexpected events are reported in scientific literature, but infrequently seen in real life. They are situations not within control of our doctors even when all procedures are performed to the highest standard of care. Some of these situations include:

- The implant may not become solid enough within the bone to support a crown.
- There may be temporary numbness or paralysis of the lip, chin, and/or tongue when implants are placed in the back of the lower jaw in very rare cases even be permanent.
- There may be a fracture of the lower jaw.
- There may be sinus impingement (the implant may perforate the floor of the sinus cavity), or the implant(s) may enter the sinus cavity and be rendered un-restorable.
- Adjacent teeth may require root canal therapy.

## **PERIODONTAL THERAPY**

Periodontal disease is a group of syndromes that result in damage to the structures that support teeth within the jaws. The majority of tooth loss in the United States is the result of some form of periodontal disease. It has been linked to coronary artery disease, systemic infection and low birth-weight infants. The treatment for this disease is multi-faceted, ranging from some form of medication to laser surgery and regeneration of lost or damaged bone. It is of utmost importance that once periodontal disease is detected, a three-month cleaning schedule be established and maintained.

The mouth is a biological system and as such, is somewhat unpredictable. Most of these unexpected events are rarely seen, but are not within the control of our doctors even when all procedures are performed to the highest standards of care include:

- The teeth treated may become more sensitive to cold.
- There may be more tooth visible above the gum line resulting in the appearance of 'longer teeth.'
- Exposed root surface may be more prone to decay.
- The teeth treated may become more mobile.
- The teeth treated may require root canal therapy.
- Teeth may be lost and require replacement even with appropriate treatment and the best effort of the doctor and the patient.

At Marlton Family Dentistry, any complications will be managed by the doctors as they deem necessary or referred to the appropriate specialist for treatment. Any treatment will be performed according to Marlton Family Dentistry's fee schedule.

## **SOFT TISSUE AUGMENTATION**

Recession is the loss of gum and bone around a tooth resulting in exposure of the root of the tooth. The thick gum tissue that is firmly bound down to the bone is called attached gingiva. A certain amount of this thick gum tissue has been found to be necessary for health around teeth, particularly teeth with crowns or fillings present. Coverage of exposed roots can also enhance the cosmetics of a smile.

Treatment when necessary, consists of the harvesting of attached gingiva from the palate (roof of the mouth) and placing it in the mouth where needed. Grafts are extremely small, usually no more than 1.5MM in thickness/width and these procedures are done in office using surgical magnification.

The mouth is a biological system and as such, is somewhat unpredictable. There are situations not within control of our doctors even when all procedures are performed to the highest standard of care. Some of these situations include:

- Less than anticipated root coverage.
- Cold sensitivity of the treated teeth.

- Bleeding from the palate.
- Recurrence of recession after treatment.

At Marlton Family Dentistry, any complications will be managed by the doctors as they deem necessary or referred to the appropriate specialist for treatment. Any treatment will be performed according to Marlton Family Dentistry's fee schedule.

## **RESTORATIVE DENTISTRY**

Decay is a bacterial invasion and destruction of the structure of teeth. Dentistry has evolved methods of decay removal and for replacement of lost tooth structure. At Marlton Family Dentistry, decay is removed by a dental drill. Once the decay has been completely removed, teeth are restored with tooth-colored filling material (composite), gold or ceramic structures. Our office does not use mercury-based fillings.

The mouth is a biological system and as such, is somewhat unpredictable. There are situations not within control of our doctors even when all procedures are performed to the highest standard of care. Some of these situations include:

- The nerve within a tooth receiving a restoration may become inflamed or necrotic (die) and require a root canal.
- The tooth may fracture, requiring a crown.
- The filling may fracture, requiring replacement or a crown.
- The tooth may suffer decay around the edges under the filling, requiring a new filling, a crown, root canal, or even extraction/replacement.

At Marlton Family Dentistry, any complications will be managed by the doctors as they deem necessary or referred to the appropriate specialist for treatment. Any treatment will be performed according to Marlton Family Dentistry's fee schedule.

## **ENDODONTIC PROCEDURES (ROOT CANAL)**

Inside each tooth is a nerve and blood vessels that run from the jawbone, through a small canal into the center of the tooth or pulp chamber. When decay is present in a tooth, teeth bacterial byproducts can irritate the nerve to the point that it becomes inflamed. Sometimes this inflammation resolves, sometimes the nerve dies. Once the nerve is dead, the body will treat this dead tissue as foreign material and an abscess will form.

The treatment for either a necrotic nerve or an irreversibly inflamed nerve is a root canal. A hole is prepared in the crown of the tooth either with a laser or dental drill. The nerve chamber is accessed and the nerve is removed. The nerve canal is then cleaned and widened, and inert material called gutta percha is compressed into the canal. The tooth then requires a filling, or more often, a build-up, post and crown to replace the lost tooth.

The mouth is a biological system and as such, is somewhat unpredictable. There are situations not within control of our doctors even when all procedures are performed to the highest standard of care. Some of these situations include:

- Failure of the root canal procedure necessitating retreatment or extraction of the tooth.
- Fracture of or perforation of the root, necessitating retreatment or extraction of the tooth.
- Removal of tooth structure that requires crown lengthening to restore the tooth.
- There may be numbness of the lip and/or tongue when root canal procedures are performed in the back of the lower jaw that may be permanent.
- A file may fracture within the tooth, requiring removal or even extraction of the tooth.
- The abscess may recur, requiring retreatment or an apicoectomy procedure.

At Marlton Family Dentistry, any complications will be managed by the doctors as they deem necessary or referred to the appropriate specialist for treatment. Any treatment will be performed according to Marlton Family Dentistry's fee schedule.

***The majority of the possible adverse outcomes described here are rare, even in dental literature. However, in the interest of ensuring that you are able to make decisions about your own care, we have offered this information for review.***

***Our doctors are highly skilled and always participating in continuous education to be superbly trained in their art, and believe your care is in the best possible hands.***

"I acknowledge that I have received the following document from Marlton Family Dentistry:  
INFORMED CONSENT FOR DENTAL PROCEDURES."

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Patient Signature (or authorized representative)

DATE

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Patient Name (or authorized representative)