*ACCOUNT No*_____

Patient details:

Surname: _____ **Date of Birth :** ___ /___/___

First Names : _____ **Title:** _____

I.D. Number :_____

Postal Address : _____ **Home Phone No. :**_____

_____ **Cell No. :**_____

_____ **Business Phone No. :**_____

Postal Code :_____ **E-mail :** _____

Occupation : _____ **Employer :** _____

Medical Aid :_____ **Number:** _____

Person Responsible for fees : _____

Address (if different from above) : _____

_____ **Post Code :** _____

Next of Kin : _____**Telephone :** _____

Recommended by: _____

MEDICAL / DENTAL HISTORY DETAILS

Do you or have you had any of the following? Please tick yes or no.

	Y	N	**Allergies to:**	Y	N
Heart Problems			Anaesthetics		
Heart Murmurs			Penicillin		
Prosthetic Heart Valves			Other Medications Please specify:		
Blood Pressure					
Rheumatic Fever					
Circulatory Problems			**Blood Disorders**		
Nervous System Problems			Anaemia		
History of Cancer			**Diabetes**		
Radiation Treatment			**Asthma**		
Excessive Bleeding			**Hepatitis**		
Stomach Ulcer			**Epilepsy**		
Sinus Problems			**Liver or Kidney Problems**		
HIV/ AIDS			**Ladies are you Pregnant?**		
Artificial Joint Replacements (hips, knees, etc)			Due date: __/ __/ __		

Are you currently taking any medication? Please list below.

Medication	Dosage	How often taken
1.		
2.		
3.		
4.		
5.		

Ladies: Have you ever been given oral, intravenous or intramuscular injection therapy for osteoporosis?

YES	NO

The name of your medical Doctor: _____ Tel No. :_____

	YES	NO
Have you had trouble with previous dental experiences		
Does your jaw click or hurt		
Do you feel that you grind your teeth		
Do you have any areas between your teeth that trap food		
Have your teeth chipped ,worn down, or discoloured		
Do you wear a night guard		
Have you had orthodontic treatment (Braces)		
Do you like the colour of your teeth		
Do you like the arrangement of your teeth		
Do you like the shape of your teeth		
Do you have spaces between your teeth		
Does the appearance of your teeth bother you		
Do your gums look healthy		
Do your gums bleed when you clean your teeth		
Do you feel that you suffer from bad breath		
Have you had previous gum problems		

Previous Dentist's Name: _____
Previous X-rays:

Less than 1 year ☐ More than 1 year ☐

Please describe any concerns that you have about your teeth:

_____

_____

Get to know me form:

I like:_____

I dislike: _____

This is my first time at the dentist. Y/N

I enjoy brushing my teeth. Y/N

My favorite food is: _____

My favorite drink is: _____

When I behave well I like to be rewarded with: _____

What calms me when I feel nervous/anxious: _____

<u>Parents:</u>

Is your child a picky eater or do they experience any food aversions due to textures? Y/N

Has your child ever been for Speech or Occupational therapy? Y/N

Have you ever noticed any of the following habits in your child:

Grinding/Clenching Y/N

Snoring Y/N

Mouth breather Y/N

Is your child a good sleeper Y/N

History of tonsillitis, middle ear infections or grommets Y/N
Please specify: _____

Thumb sucking Y/N

Use of pacifier Y/N

If yes, until what age? _____

Terms and Conditions of Treatment

- Fees are strictly payable on the day of the service being rendered.
- I am solely responsible for determining medical aid/insurance benefits available to me and /or my dependents, limits, exclusions or waiting periods on benefits available, payments of contributions etc.
- This practice has no agreement with any third party medical fund and it is your responsibility to obtain any necessary authorization as well as the value of your reimbursement prior to commencing with treatment. As of January 2004 there no longer exists a "Medical Aid Rate". It was ruled illegal by the Competition Board. Each Medical Aid scheme determines the rate they pay depending on the member's contributions and scheme option chosen. It is therefore not possible for a practitioner to know the amount each medical aid scheme is prepared to reimburse a member for a particular procedure or treatment.
- It is my sole responsibility to submit to my medical aid scheme or insurer and ensure their timeous payment directly to me.
- I undertake to pay legal costs, including attorney and client costs and collection fees if summons is issued against me for unpaid accounts. This includes interest charged monthly in advance on all outstanding accounts exceeding 30 days. The amount shall be calculated monthly in advance on the outstanding amount and shall be capitalized each month until the whole amount is paid.
- We endeavor to keep fees as reasonable as possible while providing care of the highest quality. Fees reflect our clinical time, quality materials and investment in equipment. Because of the prohibitive costs in running and maintaining a dental practice, fees charged (previously called "Private Fees") exceed the published guidelines of the Health Professions Council of South Africa.
- Please note that in situations involving referral to specialists a separate cost estimate should be obtained from the specialists concerned, as fees for their treatment are not included in this estimate. This includes the fees for the services of a specialist anaesthetist where appropriate.
- For procedures that require hospitalization it is the responsibility of the patient or guardian to determine their cover and to obtain the relevant authorization from their medical aid or funder. Please be aware that a co-payment may be required by the hospital or clinic at the time of admission.
- Treatment involving laboratory work requires a 50 % deposit on the day of tooth preparation. Fees for laboratory work are an estimate only and cannot be known exactly in advance as these costs are different in each case (depending on the quantity and prevailing prices of materials used etc.). Please note, therefore, that the final laboratory fee may vary accordingly.
- Treatment of all biological structures involves some risk. The principal risk in procedures with teeth is that of degeneration of the nerves (heavily filled teeth may have cracks and nerve involvement that is not evident on x-rays). Should this occur it might become necessary to perform root canal therapy, which may require referral to a specialist (endodontist). Fees charged by an endodontist are separate from fees quoted in this treatment plan. In some cases, despite our best efforts, teeth may be lost even after root canal therapy has been performed.

- International research suggests a 7% incidence of root canal therapy if previously un-restored teeth are treated and a 30% incidence of root canal therapy if heavily filled teeth are rebuilt.
- The final treatment may differ from the above proposal, as determined by specific clinical circumstances during treatment. Should there be any change in your expected treatment plan all additional treatment and associated costs will be discussed before proceeding.
- The above fees include V.A.T.
- The cost estimate is **guide** only, and is valid for a period of three months. Any treatment carried out after this date may be subject to a fee increase. Clinical and laboratory fees are revised in January of each year.
- Whilst every effort would be made to achieve a predictable and successful treatment outcome, there can be no guarantee given or implied as to the success of any treatment undertaken. Numerous factors beyond the control of the practitioner impact on the success or failure of treatment, and therefore some risk must be accepted as normal. Your consent to undergo treatment implies an understanding and acceptance of the risks so involved.
- The usual fees will be charged for any revision of treatment required.
- Following completion of active treatment you are advised to continue with annual follow up visits (or as frequently as recommended for each individual's circumstances) for the purpose of professional surveillance and any maintenance that may be required. More frequent oral hygiene appointments are strongly advised in order to maintain oral health and maximize the service life of dental restorations. The ongoing maintenance of excellent oral hygiene is critical to the long-term prognosis of teeth, dental implants, and dental restorations. It must, however, be accepted that all dental restorations have a limited service life and therefore require renewal or replacement as and when the need arises (e.g. as a result of decay, periodontal disease, tooth or root fractures, loss of pulp vitality, mechanical breakages of teeth or restorations, or normal wear and tear). Your dental health may further be affected by changes in diet, harmful dietary habits, general health, and use of medication, smoking, and deleterious oral habits such as clenching and grinding of teeth.
- Private health insurance rebates may offset some of your costs for more expensive procedures, but restrictive fund rules often preclude payment for needed treatment. Many people now find that these funds do not offer good value for money.
- The best way to control your dental costs is to prevent dental damage and gum disease in the first instance.

SIGNED: _____ DATE: _____

NAME: _____