

BRIGHT STAR DENTAL
New Patient Information

Date: _____

Name: _____ Date of Birth: _____

Social Security #: _____ Home Phone #: _____ Work # _____

Mailing Address: _____ City _____ State _____ Zip _____

E-mail address _____ Cell # _____

Occupation: _____ Employed by: _____ How Long? _____

Spouse/Parent/Other: _____ Date of Birth: _____ Cell # _____

Address: _____ City _____ State _____ Zip _____ Home# _____

Occupation: _____ Employed by: _____ How Long? _____ Work # _____

Who may we thank for referring you to our office? _____

Dental Insurance? Y N - Name of insured: _____ S.S.# of Insured: _____

Place of employment: _____ Date of birth of insured: _____

Today's visit type (Circle one): -- General New Patient Exam --Regular Cleaning --Emergency Exam
-- Sedation Consultation --Diabetic Dental Exam --Cosmetic Consultation

Health History: Have you ever had:

Y N Arthritis	Y N Severe Headaches	Y N Lung Disease
Y N Asthma	Y N Heart attack	Y N Rashes
Y N Cancer	Y N Heart Murmur	Y N Rheumatic Fever
Y N Canker Sores	Y N Heart Problems	Y N Stroke
Y N Cold Sores	Y N Heart Surgery	Y N Any Surgeries: LIST Below
Y N Convulsions	Y N Hepatitis	Y N Thyroid
Y N Diabetes	Y N High Blood Pressure	Y N Tuberculosis
Y N Epilepsy	Y N Jaundice	Y N Tumor
Y N Fainting Spells	Y N Kidney Disease	Y N Ulcers
Y N Hay Fever	Y N Latex Allergy	Y N Venereal Disease

List Surgeries: _____

Y N Presently Pregnant Y N Trying to become pregnant Y N Taking Birth Control Meds

Y N I am allergic to costume Jewelry (list) _____

Y N I am allergic to a food, material, or medicine
If so, what _____

Y N Name of my primary physician _____ I am under active treatment for: _____

Y N I am taking medications, drugs, vitamins, minerals or supplements

List: _____

Y N I prefer to be sedated and I am interested in taking medication that would help me be totally relaxed during my dental appointments.

Please read the following information before signing:

To the best of my knowledge, all of the preceding answers are true and correct. If I ever have any changes in my health, or if my medications change, I will inform the Doctor. I authorize the Doctor to perform any necessary dental treatment for my minor child or me. I understand that the details of the treatment will be provided for me, and I will be allowed to ask questions prior to actual treatment.

Possible risks and consequences include: Drug reactions and side effects, post-operative bleeding and/or pain, post-operative infection and/or bone inflammation, jaw joint malfunction and/or pain, need for root canal therapy after any filling, crown, partial crown, veneer or gum therapy, and/or loss of teeth. If any of these consequences occur, I understand that I am financially responsible for any additional treatment.

Possible Risks and Consequences of Dental Anesthesia

Possible risks and consequences include: pain, soreness or stiffness in area of injection, prolonged or permanent numbness, hematoma, allergic reactions and side effects, dizziness, nervousness, and heart palpitations.

I understand that the practice of dentistry is not an exact science, and, as a result, no guarantees can be provided.

Financial and Insurance information:

I understand that Bright Star Dental accepts most dental insurance. I also understand that I am responsible for the estimated patient portion for any treatment rendered, plus any portion of the fee not covered by my insurance company. I understand that payment is due at time of service.

NOTE: I understand that if my insurance company pays \$0.00 (zero), I will be responsible for the full fee of my treatment. I authorize Bright Star Dental to release any information to my insurance company that is needed to process a claim.

I understand that, due to the busy schedule and the high demand for our services, Bright Star Dental requests a non-refundable deposit of 1/3 of the estimated patient portion in order to reserve an appointment for restorative or periodontal treatment.

(Circle one) I Do/ Do not authorize Bright Star Dental to use any and all models, radiographs, and photos for use in future lectures, presentations and publications and the internet.

Limited Warranty:

If any crown, partial crown or veneer has a problem (unrelated to a patient's lack of home care, a traumatic injury or misuse of teeth) within 5 years after placement, we may repair it or replace it. This warranty does not apply to restorations placed on teeth with a root canal procedure. Depending of the circumstances, we may repair or replace it at no charge, prorate the charge, and/or the patient may be responsible for any additional laboratory and/or material costs. If a patient has not kept on schedule with his/her recommended regular cleaning or periodontal maintenance appointment, this warranty does not apply. For this warranty to apply, any and all treatment planned for the same quadrant, as the warranted tooth must be completed with in one year of placement of the crown/veneer.

Arbitration Agreement

In an effort to control the increasing costs of dental care, any claims or disputes against this office shall be resolved by "binding arbitration." By signing this agreement, the patient agrees with the office of Bright Star Dental, PC and Brian J. Gilbert, D.D.S. that any dispute relating to dental or medical care services rendered for any condition, including any services rendered prior to the date this agreement was signed, and any dispute arising out of the diagnosis, treatment or care of the patient, including the scope of the arbitration clause and the arbitrability of any claim or dispute, against whenever made, (including to the full extent permitted by applicable law third parties who are not signatories to this agreement (including associates), shall be resolved by binding arbitration by the American Arbitration Association, under the Code of Procedure then in effect. The patient understands that the result of this arbitration agreement is that claims, including malpractice claims he/she may have against the doctor, cannot be brought as a lawsuit in court before a judge or jury, and agrees that all such claims will be resolved as described in this section.

Consent for Treatment:

I have read the above information and have had an opportunity to ask questions. I understand that if I have any future questions, concerns, constructive criticism or complaints, it is my responsibility to contact Bright Star Dental at one of the numbers below, or in writing.

You can reach the Doctor at the following numbers: Office: 526-4334 (if calling from Las Cruces)
Toll-free 1-888-526-4334 (if calling from out of town)
Emergency # 202-9177

Patient or guardian signature

witness

date