

REGISTRATION AND HISTORY

Patient _____
 Last Name First Middle Preferred name

Birthdate _____ Age _____ SSN _____ Home Phone _____

Address _____ Work Phone _____

City _____ Zip _____ Cell Phone/Pager _____

Who is responsible for this account? _____

Patient's employer _____ Occupation _____

Employer's address _____ City _____ Zip _____

Dental Insurance plan _____ Plan's group # _____

Spouse's name _____ Spouse's SSN _____

Spouse's employer _____ Occupation _____

Employer's address _____ City _____ Zip _____

Spouse's dental insurance plan _____ Plan's group # _____

In case of an emergency who should be notified? _____ Phone _____

Whom may we thank for referring you? _____

DENTAL INFORMATION

PLEASE ANSWER EACH QUESTION

CIRCLE ONE

Do you have any concerns or questions about the comfort, function, or appearance of your teeth?	Yes	No
Please specify: _____		
What is the approximate date of your last dental examination and cleaning?		
Do you have pain in or near your ears, or frequent headaches?	Yes	No
Do you clench or "grind" your teeth during the day or night?	Yes	No
I have you experienced an unfavorable reaction or result from previous dental treatment?	Yes	No

I hereby authorize Carrie S. Nishimoto, D.D.S. to perform such dental examinations, diagnostic, and treatment procedures that her judgement may indicate for this patient based upon the information provided.

I also authorize release of information to my insurance carrier(s). I authorize insurance payment directly to Dr. Nishimoto, and I understand that I am responsible for my bill.

_____ All personal information is considered confidential by Dr. Nishimoto's office and will be used ONLY for my treatment.

(initial) This includes processing my insurance claims and referrals to dental specialty offices.

Signed: _____ Date _____
 Patient or Parent/Guardian

MEDICAL HISTORY

PLEASE ANSWER EACH QUESTION

PLEASE CIRCLE ONE

Are you in good health?	YES	NO
What is the date of your most recent physical exam?.....		
Have you been hospitalized or had a serious illness within the last three years?	YES	NO
If yes, why?.....		
Are you being treated by a physician now?	YES	NO
Please specify?.....		
Are you taking any vitamins, medications or drugs?	YES	NO
Please specify?.....		
Are you allergic to any drugs, foods, medications or latex?	YES	NO
Please specify?.....		
Have you ever had a reaction to an anesthetic, drug, or other substance?	YES	NO
Please specify?.....		
Have you or are you taking Bisphosphonates (i.e. Fosamax, Boniva, Actonel)?	YES	NO
Have you ever taken the weight loss drug Fen Phen or Redux?	YES	NO
Do you drink carbonated beverages (soda, including diet)?	YES	NO
Do you drink energy drinks (i.e. Redbull, Rockstar, Gatorade, Vitamin water)	YES	NO
Do you use any form of tobacco (cigars, cigarettes, pipe or chew)	YES	NO
Do you drink alcohol?	YES	NO
Have you ever experienced excessive or prolonged bleeding?	YES	NO
(Women) Are you or could you be pregnant?	YES	NO

Circle any of the following which you have or have had:

Heart disease	High blood pressure	Growth or tumor	Sinus problems
Heart attack	Low blood pressure	Cancer	Allergies
Heart defect	Circulatory problems	Radiation	Acid reflux
Heart murmur	Rheumatic fever	Chemotherapy	Dry mouth
Heart surgery	Scarlet fever	Diabetes	Dizziness
Angioplasty	Anemia	Glaucoma	Headaches
Stents	Hemophilia	Kidney problems	Snoring
Bypass	Blood transfusion	Kidney disease	Sleep apnea
Prosthetic heart valve	Abnormal bleeding	Liver disease	Sleep problems
Pacemaker	Arthritis	Epilepsy	Asthma
Mitral Valve Prolapse	Rheumatism	Seizures	HIV/ADHD
Congenital heart defect	Hip replacement	Nervous disorder	Shingles
Emphysema	Knee replacement	Psychiatric treatment	Hepatitis
Stroke	Shoulder replacement	Ulcer	ADD/ADHD
Difficulty breathing	Colitis	Thyroid disease	Positive TB test
Respiratory problems	Memory problems	Sickle cell disease/traits	Tuberculosis

Do you have or have you had any other diseases or medical problems NOT listed on this form?.....

To the best of my knowledge, I have answered every question completely and accurately. I will inform my dentist of any changes in my health and/or medications.

Patient's signature:.....Date:.....

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO THIS OFFICE.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect _____ and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment of healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse of Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal official's health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$0._____ for each page, \$_____ per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: you have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but no before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: you have the right to request that we place additional restrictions on our use of disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: you have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: _____

Telephone: _____

E-Mail: _____

Address: _____

You may obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice,

Carrie S. Nishimoto, DDS
265 Crestview Drive
Santa Clara, CA 95050

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy
of this office's Notice of Privacy Practices.

Please Print Name

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
- _____ Communications barriers prohibited obtaining the acknowledgement
- _____ An emergency situation prevented us from obtaining acknowledgement
- _____ Other (Please specify)

Signature of patient or guardian

Date

Carrie S. Nishimoto, DDS
265 Crestview Drive
Santa Clara, CA 95050

Financial Policy

We believe the best dental service is based upon an informed, mutual understanding of all aspects of your care, and financial considerations are no exception. Before beginning your treatment, we will discuss with you the fees involved. Our office policy is fee payment is expected at the time treatment is provided unless a prior arrangement has been made.

Many of our patients have a dental insurance policy. Your dental insurance policy is an agreement between your employer and the insurance company. There are many different policy's: some pay fixed allowances for given procedures, and others pay a percentage of the fee. There are also yearly deductibles and maximum allowances to take into consideration!

We are happy to help you by determining the details of your policy, filling out and submitting insurance forms for you, and by doing our best to help you get the most from your policy. Usually we can also anticipate your estimated benefits and require only your portion of the fee at the time treatment is provided. Nevertheless, it is important to remember that the entire fee is ultimately the responsibility of the patient. Stated treatment plans and fees are honored for 90 days.

I understand and agree that if the estimate of insurance benefits indicates an amount exceeding more than I feel I cannot pay at the time of treatment, I can request a written financial agreement (terms to be discussed at that time).

I understand and agree that I am responsible for the timely payments of all treatment fees on my account. If my insurance company fails to make payment within 30 days, I will be responsible for the full amount owed to Dr. Carrie S. Nishimoto. I understand all past due balances will be assessed a monthly 1.5% finance charge on treatment rendered.

Signature of responsible party

Date

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 within 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 case 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 FDS 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 Materials - Advantages & Disadvantages

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 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 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.

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 released 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 surface 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 of Cobalt-Chrome Alloys

Nickel of 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.

Carrie S. Nishimoto, DDS
265 Crestview Drive
Santa Clara, CA 95050

I acknowledge that I have received a copy of the Dental Materials Fact sheet dated October 17, 2001. If I have any questions regarding dental materials used in this office I am to speak with Dr. Nishimoto.

Signature of patient or guardian

Date