WELCOME TO OUR DENTAL OFFICE!!

Welcome to our dental practice!! *Thank you for requesting to become a new patient in our office!! Whether you are a new patient that called our office because of a direct referral from someone else, an advertisement you have seen about our office, have just moved to the area and decided to find a new dentist, are re-activating back into the practice, or simply transferring to a new dentist for whatever reason* ***we are here to help you!***

Included in this packet is a special report about our office! In this report, you'll see a lot answers to many of the questions you might have about our dentist, our staff, the services we offer, financial & insurance FAQs, and a whole lot more!! It may also create other questions that you want to ask.

It is very important to read the literature that follows that will let us help you achieve the highest quality of dental care we can provide you. ***Please read the New Patient Visits page to let you know about the different levels of care we can provide you from simple to complex.*** *Obviously if things have been maintained well, then check-ups and dental care are more* ***simple*** *and straight forward. However, there may be serious underlying dental problems that you may be unaware of that need to be addressed to achieve optimal dental health, which may warrant more* ***complex*** *care. Through our methods of dentistry, we have the ability to discover all of those things and more!*

For those with serious problems, such as if you are wearing dentures, partial dentures, are missing teeth, have painful or broken down teeth, or have a horrible fear of the dentist, you'll be glad to hear that Dr. Cirocco can help! We can give you back your dental comfort, ability to eat what you want, to make you feel better about yourself, and to allow you to see yourself with the beautiful smile you deserve.

Dr. Cirocco's practice is unique because it is one of the ONLY dental implant offices in the area that can handle all of your complex dental care from the very beginning to the end in one office location (including surgeries) with your comfort and safety in mind. In addition, we are the only dental office of its kind in the ***entire area*** *that gives you a written 'Peace of Mind' Complex Care Dental Warranty with your care.*

You can read more at our website at www.smilehealthy.com There you will learn more about our special methods of dentistry, testimonials where you'll hear his patients tell you how their lives have been changed, and even some endorsements from other Doctor's, and before and after pictures of patients who've gotten back to living thanks to their care with Dr. Cirocco.

You Deserve to Smile Healthy Again!!

Dr. Dean L. Cirocco AND TEAM

ABOUT YOUR VISITS

In order for Dr. Cirocco to help you the most, fill out the enclosed care level self-evaluation, and medical history information sheet* as *soon as possible and bring it to your appointment (Please provide a medication list if necessary).**

CONSULTATION: Let's "Talk Teeth"

If it is decided that a consultation visit is a good place to start, based on your individual needs, then we will schedule you a consultation visit. At this *30 minute visit*, Dr. Cirocco will listen to your concerns, review your dental goals, determine if your needs are simple or complex, and see if we can help you fix your dental needs. ***Ask about our special incentives for dental physical exams!***

If you feel as though you may have serious complex care concerns, and you know that you want to move forward with fixing those serious problems and save time and travel, you can schedule your "Complete Dental Physical" visit immediately! At that time we will allow for both a consultation and diagnostic visit to be done at the same time!

STANDARD EXAM: Basic & Preventative Care

Most dental practices have a straightforward standard exam for all of their new patients. This is comprised of an intraoral exam which will be a basic history and interview of your dental concerns, medical history & medication review, charting of the teeth & gums, oral cancer screening, and will also include a new set of x-rays or continuance of dental records. This exam serves best for those individuals who are well maintained, and express minimal to moderate care needs. *After this visit you will receive a packet of basic information about your exam which will include a review of findings and a basic treatment plan if there are required minimal care needs*. Our team will go over how basic care will be coordinated, so you can get things started.

****DISCLOSURE: If you have gum disease, treatment for this is beyond a routine "cleaning" and more advanced protocols will be prescribed for this condition. A routine cleaning is for a healthy mouth! *Please ask about our free report about gum disease, if you think you may fall into this category. Also, please call and speak to either of our well trained dental hygienists before your appointment if you have concerns about this matter.***

*Unfortunately, this exam is not designed for the complex care dental patient, and we may not be able to find this out while speaking to you over the phone. If it is determined that you have complex care needs after your "standard exam" is complete, then ***we may require further evaluation to get a better grasp of the scope of your dental problems. Examples of this may include GUM DISEASE, reconstruction of multiple teeth, dental implants, and clearance for surgery (i.e., joint replacement therapy).*** Please let us know if you are inquiring about any of these problems before your appointment, so we can curtail your visit to your individual needs**. If you feel as though some of this information does not pertain to you…great! Please pass this information along to any friends or family whom you think it could help, we would be glad to help them out too!!**

REVIEW OF OPTIONS:

If your dental condition requires further evaluation Dr. Cirocco will have you return in a few weeks, and we will be ready to discuss the options that will work best for your situation along with the time and cost involved. Why return visit? *Because if your needs are more complex, it will require more time to develop treatment options*. ***After discussing your options, and committing to a signed treatment plan, then you can get started and move forward with fixing your dental problems.***

You Deserve to Smile Healthy Again!!

HOW CAN WE SERVE YOU?

"The goal of our dental practice is to help patients reach the highest level of oral health possible so they may enjoy the benefits of a comfortable, functional, and attractive smile. We pride ourselves on our thorough patient education, treatment methods, well-trained team, and quality patient service."

Please share your chief concern or goals for your oral health!

1) _____

2) _____

What is most important to you regarding dental treatment?

_____ • ***COMFORT***
I am mostly interested in dental treatment that will get me out of pain.

_____ • ***FUNCTION***
I am mostly interested in repairing or restoring function to my teeth.
Example: Missing teeth or can not chew properly

_____ • ***COSMETIC***
I am mostly interested in improving the appearance of my smile.
Example: Whiter or straighter teeth

_____ • ***LONGEVITY***
I am interested in long-lasting dental treatment and ongoing oral health.
I would like to be proactive with maintenance and prevention of dental diseases.

Rank the following to help us know what is important to you:

	Not important				*Very important*
Urgency *of completing treatment*	1	2	3	4	5
Cost *of treatment*	1	2	3	4	5
Fear *of the dentist*	1	2	3	4	5
Lack of ***Time***	1	2	3	4	5
Confidence *in the doctor*	1	2	3	4	5

NAME_____ DATE _____

PLEASE BRING THIS FORM TO YOUR FIRST VISIT

MEDICAL HISTORY

In order for Dr. Cirocco to help you the most, fill out this medical history information sheet* as *soon as possible and bring it to your appointment* (*Please provide a medication list if necessary).

When you arrive at our office, you will enter this information into our FAST CHECK-IN COMPUTER, along with our other forms and documents. *ALL INFORMATION IS DIGITALLY SIGNED*.

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

Are you under a physician's care now? ◯ Yes ◯ No If yes, please explain: _____
Have you ever been hospitalized or had a major operation? ◯ Yes ◯ No If yes, please explain: _____
Have you ever had a serious head or neck injury? ◯ Yes ◯ No If yes, please explain: _____
Are you taking any medications, pills, or drugs? ◯ Yes ◯ No If yes, please explain: _____
Do you take, or have you taken, Phen-Fen or Redux? ◯ Yes ◯ No _____
Are you on a special diet? ◯ Yes ◯ No _____
Do you use tobacco? ◯ Yes ◯ No
Do you use controlled substances? ◯ Yes ◯ No

Women: Are you
Pregnant/Trying to get pregnant? ◯ Yes ◯ No Taking oral contraceptives? ◯ Yes ◯ No Nursing? ◯ Yes ◯ No

Are you allergic to any of the following?
☐ Aspirin ☐ Penicillin ☐ Codeine ☐ Acrylic ☐ Metal ☐ Latex ☐ Local Anesthetics
☐ Other If yes, please explain: _____

Do you have, or have you had, any of the following?

AIDS/HIV Positive ◯ Yes ◯ No	Cortisone Medicine ◯ Yes ◯ No	Hemophilia ◯ Yes ◯ No	Renal Dialysis ◯ Yes ◯ No
Alzheimer's Disease ◯ Yes ◯ No	Diabetes ◯ Yes ◯ No	Hepatitis A ◯ Yes ◯ No	Rheumatic Fever ◯ Yes ◯ No
Anaphylaxis ◯ Yes ◯ No	Drug Addiction ◯ Yes ◯ No	Hepatitis B or C ◯ Yes ◯ No	Rheumatism ◯ Yes ◯ No
Anemia ◯ Yes ◯ No	Easily Winded ◯ Yes ◯ No	Herpes ◯ Yes ◯ No	Scarlet Fever ◯ Yes ◯ No
Angina ◯ Yes ◯ No	Emphysema ◯ Yes ◯ No	High Blood Pressure ◯ Yes ◯ No	Shingles ◯ Yes ◯ No
Arthritis/Gout ◯ Yes ◯ No	Epilepsy or Seizures ◯ Yes ◯ No	Hives or Rash ◯ Yes ◯ No	Sickle Cell Disease ◯ Yes ◯ No
Artificial Heart Valve ◯ Yes ◯ No	Excessive Bleeding ◯ Yes ◯ No	Hypoglycemia ◯ Yes ◯ No	Sinus Trouble ◯ Yes ◯ No
Artificial Joint ◯ Yes ◯ No	Excessive Thirst ◯ Yes ◯ No	Irregular Heartbeat ◯ Yes ◯ No	Spina Bifida ◯ Yes ◯ No
Asthma ◯ Yes ◯ No	Fainting Spells/Dizziness ◯ Yes ◯ No	Kidney Problems ◯ Yes ◯ No	Stomach/Intestinal Disease ◯ Yes ◯ No
Blood Disease ◯ Yes ◯ No	Frequent Cough ◯ Yes ◯ No	Leukemia ◯ Yes ◯ No	Stroke ◯ Yes ◯ No
Blood Transfusion ◯ Yes ◯ No	Frequent Diarrhea ◯ Yes ◯ No	Liver Disease ◯ Yes ◯ No	Swelling of Limbs ◯ Yes ◯ No
Breathing Problem ◯ Yes ◯ No	Frequent Headaches ◯ Yes ◯ No	Low Blood Pressure ◯ Yes ◯ No	Thyroid Disease ◯ Yes ◯ No
Bruise Easily ◯ Yes ◯ No	Genital Herpes ◯ Yes ◯ No	Lung Disease ◯ Yes ◯ No	Tonsillitis ◯ Yes ◯ No
Cancer ◯ Yes ◯ No	Glaucoma ◯ Yes ◯ No	Mitral Valve Prolapse ◯ Yes ◯ No	Tuberculosis ◯ Yes ◯ No
Chemotherapy ◯ Yes ◯ No	Hay Fever ◯ Yes ◯ No	Pain in Jaw Joints ◯ Yes ◯ No	Tumors or Growths ◯ Yes ◯ No
Chest Pains ◯ Yes ◯ No	Heart Attack/Failure ◯ Yes ◯ No	Parathyroid Disease ◯ Yes ◯ No	Ulcers ◯ Yes ◯ No
Cold Sores/Fever Blisters ◯ Yes ◯ No	Heart Murmur ◯ Yes ◯ No	Psychiatric Care ◯ Yes ◯ No	Venereal Disease ◯ Yes ◯ No
Congenital Heart Disorder ◯ Yes ◯ No	Heart Pace Maker ◯ Yes ◯ No	Radiation Treatments ◯ Yes ◯ No	Yellow Jaundice ◯ Yes ◯ No
Convulsions ◯ Yes ◯ No	Heart Trouble/Disease ◯ Yes ◯ No	Recent Weight Loss ◯ Yes ◯ No	

Have you ever had any serious illness not listed above? ◯ Yes ◯ No If yes, please explain: _____

Comments: _____

_____

_____

_____

_____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

_____

SIGNATURE OF PATIENT, PARENT, or GUARDIAN ____ **DO NOT SIGN HERE! This will be DIGITALLY signed on the COMPUTER at our office.**