Stanley F. Kayes, DDS

CHILDREN'S REGISTRATION FORM

Patient's Name_____ Date of Birth_____

Address_____City/State/Zip_____
Parents'
Names_____ Phone_____

Parents' Employers_____

Person Responsible
For Account_____ ID (driver's license or other government ID)
of Account Holder_____

Child's primary medical provider _____Phone _____
Person to Contact
In an Emergency_____ Phone_____
(if parents are unavailable)
Additional address (for a non-custodial parent)_____

How did you find out about this office? _____
_____

Name of Primary Insured_____ Insured's Birthdate_____

Ins. Company_____ Certificate #_____ Group #_____

Insurance Address_____Phone_____

Secondary Dental Insurance Information
Name of Insured_____ Insured's Birthdate_____

Ins. Company_____ Certificate #_____ Group #_____

Insurance Address_____Phone_____

INSURANCE AUTHORIZATION AND RELEASE

I authorize the dentist to release information and records of any treatment rendered to my child to my insurance company or to other health care providers, including my child's physician, any specialists to whom he or she is referred, laboratories, or hospitals _____(initial)

I authorize my insurance company to pay directly to the dentist insurance benefits otherwise payable to me _____ (initial)

I understand that my dental insurance may pay less than the actual bill for service and that this office does not guarantee any payment from my insurance company. I understand that it is my responsibility to know my insurance company's regulations regarding the frequency allowed for dental exam and cleaning appointments, and their rules regarding substitution of alternative dental treatments. I agree that I am responsible for payment to this office for any amount not covered by insurance_____(initial)

Parent Signature_____ **Date**_____

FAMILY FINANCIAL POLICY/ CANCELLATION POLICY

We care about you and your family and want you to understand policies for payment before beginning dental treatment. Below we have outlined our policy for fee payments. We can file your insurance claims for you, and we take major credit cards and can provide extended financing,

We provide estimates of your insurance benefits as a courtesy but we cannot guarantee any payment. Dental plans often do not cover all necessary services, and may pay less than expected for services that are covered. You are responsible for any amount that is not covered by your plan. You are also responsible for making sure that your coverage is in force for all family members and that all waiting periods have been met. If you have any concerns about your coverage, we advise you to call your insurance company before beginning treatment to check your benefits. We will be happy to help to explain anything that you may not understand regarding your benefits.

Payment of co-pays and deductibles are required at time of visit. For dental procedures requiring two or more visits, payment for procedure or deductible and copay is required at the first visit.

All checks returned by the bank are subject to a fee of $60.00.

In case of default of account for present and future balances, patient or person responsible for account agrees to pay collection costs, including attorney's fees, incurred in attempt to collect balance due.

Appointment cancellations and no shows: We will attempt to contact you to confirm your child's dental appointments. If you cannot be contacted after several attempts to confirm appointment, the appointment time may be released to another patient on a waiting list. If after appointment confirmation is made, you do not show for the appointment or cancel with less than twenty-four hours notice, except for an emergency, a cancellation fee of $60.00 may be applied.

Parent Signature_____ **Date**_____

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CHILDREN'S MEDICAL HISTORY

Name_____ Date_____

Is your child receiving any medical treatment now? If so, for what?_____

List any allergies or drug reactions, including penicillin_____

List any medicines your child is taking right now_____

Are you on well water?_____ If not, do you use bottled water for drinking?_____

Has your child had any problems in the past with medical or dental care?_____

_____

Personal History

Please circle any that apply and explain below if necessary.

Heart Disease	Hepatitis	Cancer	Respiratory Problems
Heart Murmur	Cold Sores	Chronic Sinus Problems	Vision Problems
Diabetes	HIV Positive	Chronic Headaches	Hearing Problems
High Blood Pressure	Tuberculosis	Head or Jaw Injury	Developmental Problems
Rheumatic Fever	Anemia	Canker Sores	Bleeding/Clotting Problems
Artificial Joints	Epilepsy, Seizures	Kidney Disease	Nutritional Problems
Organ Transplants	Attention Deficit	Autism	Cerebral Palsy
Iodine Allergy			

Is there any strong family history of periodontal disease?_____ cavities?_____

Approximate date of child's last physical_____

Comments_____

Last dental exam_____ Last dental x rays_____

Describe any patient complaints of tooth or gum sensitivity or pain_____

Does your child have chronic jaw pain or popping?_____ Have you noticed any problems with clenching or grinding of teeth?_____

Are fluoride supplements being used now?_____ What type? Rinse_____ Gel_____ Tablets_____

GETTING TO KNOW YOUR CHILD

What are your child's hobbies and interests?_____

Child's school and grade_____

Siblings' names and ages_____

Any other information you feel would be helpful to know about your child_____

Parent Name _____ **Date**_____

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YOUR CHILD'S DENTAL CARE-WHAT YOU SHOULD KNOW

1. **Teeth cleaning, periodontal disease, and health risks**: While periodontal disease (gum disease), is normally associated with adults, you should know that children can develop gum disease. Teen-agers frequently show the beginning stages of the disease. Gum disease is more likely to develop if your child does not get to the dental office regularly for cleanings, because the hardened plaque (called calculus) that is removed during cleanings is what leads to gum problems. You should know that periodontal disease can affect a person's immune system, and can be a factor in many serious diseases, including pneumonia and respiratory disease. It can also aggravate other health conditions, and in adults is associated with an increased risk of heart attack and stroke. Your child's teeth should be examined and cleaned every six months; if your child is in braces, has poor oral hygiene, or has gingivitis (the first stage of gum disease) he or she should receive a dental cleaning at three-month intervals. While we will try to help you remember when your child is due for a cleaning, it is your responsibility to make sure that his or her continuing care is not neglected.

2. **X-rays:** We will be providing you with a risk assessment of your child for the risks of developing cavities and periodontal disease. If your child is at high risk for between teeth cavities and/or gum disease, we will be taking x-rays of problem areas once a year or more until his or her risk is lowered. We normally take a panoramic x-ray at age five or six to assess for proper tooth development, and around age sixteen to diagnose wisdom teeth problems. Additional panoramic x-rays may be needed for orthodontics or for other reasons.

3. **Both dental decay and gum disease are infections.** The bacteria that cause dental decay are different from the bacteria that cause gum disease, but both conditions are a result of infections and both can cause serious consequences. If tooth decay is left untreated, an abscess can form and can spread to areas outside the mouth. In rare cases, this can be life threatening if the abscess spreads to the brain.

4. **Anesthesia**: We use local anesthesia for fillings and other dental treatment. Complications are rare, but could include soreness at the injection site, a reaction to epinephrine, or possible temporary stiffness or swelling at the injection site. Anesthesia without epinephrine must be used if there is any history of a reaction or if some medical conditions are present. Nitrous oxide may be used to help relax a child; a possible side effect may include nausea.

5. **Filling materials**: We use tooth colored composite for most fillings. Because the filling material hardens quickly, there is a chance (about 4%) that an additional visit may be required for adjustment. Composite materials require a completely dry, saliva free field for a bond to form to the tooth. There is a chance (about 1%) that the filling may have to be redone if the bond does not form successfully. Some insurance companies may pay benefits on back teeth only for silver amalgam fillings. This may result in an additional cost to you.

6. **Sealants**: Sealants are coatings that protect the chewing surfaces of back teeth from decay. We strongly advise them, since deep grooves in many molars can not be properly cleaned and cavities form easily in these areas. Parents should realize, however, that sealants do not protect between teeth surfaces or front teeth from decay, and they do wear down over time and may need replacement.

7. **Children coming alone to the dental office:** If your older child comes alone to the dental office, or if your child is accompanied by someone other than a parent, you must authorize this below. This authorizes us to perform dental exams, cleanings, x-rays, fluoride treatment, small fillings, and emergency treatment. Also, if you would like your child's dental exam report faxed e emailed to you at home or office, please provide information below.

   I authorize my child to come to the office alone, or with _____.
   I would like reports and treatment plans sent to me by fax_____
   I authorize reports and treatment plans to be sent by unencrypted email, and I acknowledge and accept the risks involved in transmission of health information by this method.
   Signature _____ email_____

I acknowledge a discussion of the above topics and have been given a chance to ask questions.

Parent Signature_____ **Date**_____