

**Smile Today Orthodontics**  
**MEDICAL HISTORY REGISTRATION and HIPAA**

Group Practice of Orthodontists Dr. Vincent Bilello, Dr. Ari Pillar, Dr. Evanthia Peikidis, Dr. Peter Chen  
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*Thank you for choosing our practice. If you have any questions, we will love to help you.*

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please Print)

**Patient Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F  
Last First Middle

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work/Other (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email, Used only for Appointment Reminders: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_ Email

How did you hear about us? \_\_\_\_\_

**General Dentist Name:** \_\_\_\_\_ General Dentist Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address or Location: \_\_\_\_\_ Please look up location online if you aren't sure

Date last seen for cleaning/checkup by your general dentist: Month: \_\_\_\_\_ Year: \_\_\_\_\_

All orthodontic patients must see their general dentist within 6 months before orthodontic treatment.

**Responsible Party (Fill in any missing information if patient is under 18 years of age)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First

Relationship to Patient: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (if different from patients): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Dental Insurance**

Subscriber's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First

Relationship to Patient: Self / Mother / Father / Spouse / Other: \_\_\_\_\_

Insurance Company #1: \_\_\_\_\_ UnionPlan: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Do you have Medicaid with your insurance? Yes / No If yes, what is the Medicaid ID # \_\_\_\_\_

Insurance Company #2: \_\_\_\_\_ Subscriber's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

*Your Initial Orthodontics Consultation is complimentary. There is no charge for this visit or photos/x-rays taken. We will have patients sign an Insurance form to find out coverage only, we will not bill your private insurance for this visit. All orthodontic fees will be given to patients in writing before any work is done. We will bill out the insurance only when we agree on a fee to start treatment. Orthodontic treatment requires preauthorization that may take at least a month to get approval for. I acknowledge that if orthodontic treatment is started at this location and for any reason my insurance is terminated, I am responsible for any unpaid amount towards the agreed upon contract. If the coverage is terminated during orthodontic treatment, new financial agreements must be made to continue orthodontic treatment.*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian, or patient when 18yrs or older: \_\_\_\_\_

# Medical History

1. Are you under a physician's care now dealing with a medical issue? No / Yes If so, please give reason for treatment: \_\_\_\_\_

2. Are you taking any kind of medication at this time? No / Yes If so, what kind?  
\_\_\_\_\_

3. Please circle any illnesses you have ever had

Allergies (List): \_\_\_\_\_  
Diabetes: Type I (requires insulin) / Type II (insulin resistance) Rheumatic fever  
Epilepsy Heart Trouble Heart Surgery Glaucoma  
High Blood Pressure Low Blood Pressure Kidney or Liver Tuberculosis  
Asthma Acquired Immune Deficiency Syndrome/HIV Positive Hep C Infectious Hepatitis

**If you would like to tell only the doctor about your condition, please let the doctor know directly.**

4. Are you pregnant? No/ Maybe (trying to conceive)/ Yes We will avoid taking x-rays for patients that may be pregnant.

If pregnant, Congratulations, how many months? \_\_\_\_\_ Due Date? \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Have you ever had prolonged bleeding after surgery? No / Yes \_\_\_\_\_

6. Do you have any bleeding issues or blood disorders? No / Yes \_\_\_\_\_

7. Have you ever had any unusual reaction to an anesthetic like Lidocaine? No / Yes \_\_\_\_\_

8. Have you had any unusual reaction to a drug (like penicillin)? No / Yes \_\_\_\_\_

9. **Do you have to be pre-medicated (antibiotics) before dental procedures?** YES / NO If yes, Explain what kind of medication/dose and what condition it is for: \_\_\_\_\_  
\_\_\_\_\_

Please have your cardiologist give us a letter on what your exact condition is/needs are.

Please have your cardiologist provide you with a PREVENTION OF INFECTIVE (BACTERIAL) ENDOCARDITIS  
Wallet Card

10. Are you Allergic to Latex? No / Yes We use only non latex gloves, but some ortho elastics are latex

11. Do you have any allergies? No / Yes Explain: \_\_\_\_\_

12. When dental impressions are taken do you gag? No/Yes \_\_\_\_\_

13. Is there any other information that should be known about your medical or dental health?  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Parent/Guardian if patient is under 18 years of age

\_\_\_\_\_  
Date:

*Before 4 pages are scanned in, staff to fill out below:*

For Staff: Collected all patient information & entered into computer, Reviewed Doctor Resume, Office policies and scanned in sheet: \_\_\_\_\_

# Smile Analysis

Your smile affects your self-image, and can greatly influence the quality of your interactions with others. Many people hold back from laughing or smiling because they are uncomfortable with their smile. You don't have to be a dentist to know if something

just doesn't look right. The following questions are designed to honestly appraise your smile. Go to a mirror, smile as wide as you can, and ask yourself the following questions:

<b>Are any of your teeth yellow, stained or somewhat discolored?</b>		Yes	No	Maybe
<b>Would you like your teeth to be whiter?</b> <i>We offer in house whitening options to our orthodontic patients after treatment.</i>		Yes	No	Maybe
<b>Do you have any gaps or spaces between your teeth?</b> <i>Sometimes a fixed lingual retainer after treatment will be needed along with a removable retainer to keep closed large spaces.</i>		Yes	No	Maybe
<b>Are any of your teeth turned, crooked, or uneven?</b> <i>Crooked teeth are harder to clean and are more prone to cavities and gum disease.</i>		Yes	No	Maybe
<b>Are you missing any adult (permanent) teeth?</b> <i>Replacing missing teeth balances your bite keeping your smile straight longer.</i>		Yes	No	Maybe
<b>Do you see any pitting or defects on the surfaces of your teeth?</b> <i>White or dark spots can be congenital or they can be formed from plaque bacteria.</i>		Yes	No	Maybe
<b>Are the edges of any teeth worn down, chipped or uneven?</b> <i>Those teeth may need composite added to restore shape, or enamel-plasty or composite restorations.</i>		Yes	No	Maybe
<b>Do any of your teeth appear too small, short, large or long?</b> <i>You may need to modify the size of the teeth before or after orthodontic treatment with your general dentist.</i>		Yes	No	Maybe
<b>Do you have any prior dental work that appears unnatural?</b>		Yes	No	Maybe
<b>Do you have any crowns or bridges that appear dark at the edge of your gums?</b>		Yes	No	Maybe
<b>Do you have any metal crowns or silver fillings in your teeth?</b>		Yes	No	Maybe
<b>Do you have a "gummy" smile (too much of your gums show when smiling)?</b>		Yes	No	Maybe
<b>Are your gums red, sore, puffy, bleeding or receded?</b> <i>You will need to see a general dentist before starting orthodontic treatment as gum disease can get worse if not fully cared for by your general dentist or periodontist.</i>		Yes	No	Maybe
<b>Does the appearance of your smile inhibit you from laughing or smiling?</b>		Yes	No	Maybe
<b>When being photographed, do you smile with your lips closed instead of flashing a full smile?</b>		Yes	No	Maybe
<b>Are you self-conscious about your teeth or smile?</b>		Yes	No	Maybe
<b>Would you like to change anything about the appearance of your teeth or smile?</b>		Yes	No	Maybe
<b>Did you know that straighter teeth can improve their function and increase chewing efficiency?</b> <i>Besides the cosmetic benefits of straight teeth, we as Orthodontists balance your occlusion for best function. This usually results in less TMJ pain later in life.</i>		Yes	No	Maybe

## What bothers you most about your teeth, what do you want to fix?

Write here: \_\_\_\_\_

If you answered YES to ANY of the questions above, there are often several alternatives to improve your teeth and smile.

**To straighten your teeth the orthodontist has different options.**

**Which options would you be most interested in?**  
**(Circle which ones you are considering)**

- Traditional Braces with silver ties:** *Today's metal braces are noticeably smaller than long ago. They have silver elastic ties around them.*
- Traditional Braces with Colors:** *Have colored elastic ties around them instead of silver.*
- Ceramic Braces (Clear Braces):** *Clear ceramic brackets (usually on the top teeth only) blend more naturally into your teeth. Sometimes we can use tooth-colored wires.*
- Invisalign:** *Consists of a series of customized, clear BPA-free plastic tray aligners that are removable and typically replaced every week to keep your teeth moving in the desired direction.*



**Health Insurance Portability and Accountability Act: Patients, Parents, Friends & Family of Orthodontic Patients**

There is a federal law that sets rules for health care providers and health insurance companies about who can look at and receive our health information. This law, called the Health Insurance Portability and Accountability Act of 1996 (HIPAA), gives you rights over your health information, including the right to get a copy of your information, make sure it is correct, and know who has seen it. By law, your health information can be used and shared for specific reasons not directly related to your care, like making sure doctors give good care, making sure nursing homes are clean and safe, reporting when the flu is in your area, or reporting as required by state or federal law. In many of these cases, you can find out who has seen your health information. Generally, your health information cannot be used for purposes not directly related to your care without your permission. For example, your doctor cannot give it to your employer, or share it for things like marketing and advertising, without your written authorization. You can ask that your health information not be shared with certain people, groups, or companies. If you go to a clinic, for example, you can ask the doctor not to share your medical records with other doctors or nurses at the clinic. You can ask for other kinds of restrictions, but they do not always have to agree to do what you ask, particularly if it could affect your care. You can make reasonable requests to be contacted at different places or in a different way. For example, you can ask to have a nurse call you at your office instead of your home or to send mail to you in an envelope instead of on a postcard. Your photos will not be posted on our website or social media pages. The patient/parent may post their own photos online about their treatment if they would like to. We use password protected computer systems to protect patient data. All patient information is not shared to anyone unless patient/parent fully agree to such sharing of records to another party. We practice in a semi-private treatment room environment, some of our treatment areas are open bay where other patients may hear and see what we are talking about regarding treatment. If there is more than one chair in a large room, this is what we consider open bay. We do this to streamline treatment and reduce wait times. Hospitals also practice in such an environment. Please let us know if you require a private treatment area for you as this may require special scheduling. We can also set an alert for your chart any privacy preferences that you may have.

I understand the statements on this page

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\_\_\_\_\_  
Signature of Patient if 18yrs or older or Responsible Party

\_\_\_\_\_/\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
**Print** patient name or parent name if patient under 18

Please provide us with a Photo ID of the Adult responsible for the patient.

When under the age of 18yrs of age a new patient is required to be accompanied by their parent until a treatment plan has been formulated. The doctor's and staff welcome questions from the parents involving the patient's treatment. We require that there be no personal cell phone conversations throughout the office (in the reception/lounge area and treatment area) to keep noise level down for the comfort of all. Any distractions to the doctor/staff treating a patient will require those distractions to wait in the lounge area or outside. Future appointments may not require the presence of the parents. We will always contact the parents if there are any problems with treatment. We encourage that if the parents/patients have questions about their treatment, to address them with the doctor before that treatment visit, after which parents/friends may wait in the reception area. The doctor will always be available to speak to parents personally if needed at any time before or after the treatment. Phone calls to the parents regarding clinical/treatment questions will be made upon request. *All patient information is not shared to anyone unless patient/parent fully agree to such sharing of records to another party. If requested we will provide your insurance company with any records they request.* For more information, go to the link below:

<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>