

Sarasota Dentistry

Hank D. Michael, DMD
5757 S Tamiami Trail
Sarasota, FL 34231
(941)929-7645

smile@SarasotaDentistry.com
www.SarasotaDentistry.com



Welcome to Sarasota Dentistry

The following pages include information that we need before performing treatment:

- . 2-page health history
- . 1-page photo consent
- . 3-page privacy practices (HIPAA) - for you to keep
- . 1-page HIPAA consent - sign acknowledging privacy practices
- . 1-page consent to discuss - list anyone you would like us to be able to discuss your dental information with.

Office Policies

We believe in the theories of Modern Dental Care which do not support the old premise of "When it hurts fix it". Through proper preventive care and regular checkups, we believe that it is highly likely that most of our patients can expect to keep all of their teeth for all of their lives.

Our patients can expect from us:

1. A high degree of professional skill and ability.
2. A dedication to your oral health care.
3. A minimization of costly reconstructive work through proper preventative care.
4. The highest effort to make your visits as comfortable as possible.
5. The right treatment at the right time.
6. Fees that are fair and just for the services provided.
7. Open, honest, and respectful communication between you and the staff.

In return, we expect from our patients:

1. Cooperation in making and keeping appointments - 48 hours prior notification for a scheduling change.
2. A conscientious effort toward good oral hygiene.
3. Recall visits to maintain optimum oral health.
4. A definite arrangement for the payment of fees at the time of service.
5. Open, honest, and respectful communication between you and the staff.

We are looking forward to getting to know you, and if you have any questions or concerns about these forms, the office policies, or anything else, please feel free to contact us!

Sincerely,
Hank D. Michael, DMD

* By checking this box, I understand the above information and agree with its contents, and this will serve as my electronic signature for the office policy above.

Sarasota Dentistry

Hank D. Michael, DMD
5757 S Tamiami Trail
Sarasota, FL 34231
(941)929-7645

smile@SarasotaDentistry.com
www.SarasotaDentistry.com



Chart #.

FOR OFFICE USE ONLY

Patient Name:
Last First MI Preferred Name

Title: Gender: Male Female Family Status: Married Single Child Other
Mr/Ms/Mrs/etc

Birth Date: SS #: Prev. Visit:

Email Address: Best time to call:

Phone:
Home Work Ext Mobile Fax Other

Address:

City State Zip Code

The following is for: the patient the person responsible for payment

Employer Name: Phone:

Address:

City State Zip Code

How did you hear about our office?

- Referral Google Yelp Facebook Postcard
 Phonebook Other

If a patient, whom may we thank for referring you to our practice?

Sarasota Dentistry

Hank D. Michael, DMD
5757 S Tamiami Trail
Sarasota, FL 34231
(941)929-7645

smile@SarasotaDentistry.com
www.SarasotaDentistry.com



In an emergency who should be notified? Please enter Name and Phone number below:

Responsible Party Information:

This only needs to be filled out if the insurance subscriber is other than patient, or you are the parent/guardian of the patient

The following is for: the patient's spouse the person responsible for payment neither-not applicable

Name:
Last First MI Preferred Name

Title: Gender: Male Female Family Status: Married Single Child Other
Mr/Ms/Mrs/etc

Birth Date: SS #: Driver's License #:

Email Address: Best time to call:

Phone:
Home Work Ext Mobile Fax Other

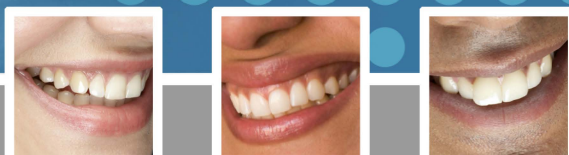
Address:

City State Zip Code

Sarasota Dentistry

Hank D. Michael, DMD
5757 S Tamiami Trail
Sarasota, FL 34231
(941)929-7645

smile@SarasotaDentistry.com
www.SarasotaDentistry.com



Primary Dental Insurance:

Name of Insured: Last First MI

Insured's Birth Date: ID #: Group #:

Insured's Address:
 City State Zip Code

Insured's Employer Name:

Employer Address:
 City State Zip Code

Patient's relationship to insured: Self Spouse Child Other

Insurance Plan Name:

Insurance Address:
 City State Zip Code

Insurance Company Phone Number:

Insurance Authorization:

By checking this box,

I authorize the use of this electronic signature on all insurance submissions.
I authorize the dentist to release all information necessary to secure the payment of benefits.
I understand that I am financially responsible for all charges at time of service.



Dental Information

How would you rate the condition of your mouth?

- Excellent Good Fair Poor

Previous Dentist Name and Phone Number:

Date of most recent dental exam and dental x-rays:

I routinely see my dentist every:

- 3 mo. 4 mo. 6 mo. 12 mo. Not routinely

What is your immediate concern?

Is there anything about the appearance of your smile that you would like to change?

Check all that apply:

- Had complications from past dental treatment
 Had trouble getting numb
 Had any reactions to local anesthetic
 Had/have braces, orthodontic treatment
 You experience dry mouth
 Any teeth sensitive to hot, cold, biting, sweets or avoid brushing any part of your mouth
 Food gets trapped between any teeth
 Have you ever whitened or bleached your teeth
 Have you experienced popping and/or clicking of your jaw joint

Sarasota Dentistry

Hank D. Michael, DMD
5757 S Tamiami Trail
Sarasota, FL 34231
(941)929-7645

smile@SarasotaDentistry.com
www.SarasotaDentistry.com



- You have difficulty chewing
- You clench or grind your teeth
- You wear or have worn a bite appliance
- Gums bleed when brushing or flossing
- Treated for gum disease or were told you have lost bone around your teeth
- Noticed an unpleasant taste or odor in your mouth
- Experienced gum recession
- Had any teeth become loose on their own (without injury)
- Experienced a burning sensation in your mouth
- You snore or wake up frequently during the night

If any of the checked boxes need further explanation, please describe:

Photo Consent

Dental technology is constantly advancing, but one of the most recent advances is dental photography. Photography is critical to modern dental care. With a side by side comparison of a smile before and after the completion of any dental work, we are able to share our experiences with you, other dentists, and with patients considering procedures. Our office is proud to use two different digital cameras, intra-oral and extra-oral, which are displayed chairs-side during the exam and become an integral part of the patients permanent dental record and treatment planning. We take these photos on every patient but require your consent to use these photos in print, online, and video based marketing. By checking "yes" to the box below, you authorize us to use photos.

I hereby authorize photographs of my smile to be used in print or online for the purposes of education, communication, and/or promotion, of health-related information.

Yes

Sarasota Dentistry

Hank D. Michael, DMD
5757 S Tamiami Trail
Sarasota, FL 34231
(941)929-7645

smile@SarasotaDentistry.com
www.SarasotaDentistry.com



HIPAA Acknowledgement

I understand that I may inspect or copy the protected health information described by this authorization.

I understand that at any time, this authorization may be revoked, when the office that receives this authorization receives a written revocation, although that revocation will not be effective as to the disclosure of records whose release I have previously authorized, or where other action has been taken in reliance on an authorization I have signed. I understand that my health care and the payment for my healthcare will not be affected if I refuse to sign this form.

I understand that information used or disclosed, pursuant to this authorization, could be subject to re-disclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality,

Please list persons with whom we may discuss your information (and relationship):

* By checking this box, I understand the above information and agree with its contents, and this will serve as my electronic signature for the HIPAA Disclosure Form.

Response Date: